## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000015054 (7)

AMERICAN DISTINCTIVE COMMUNICATIONS, INC.

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**FILED** 

Apr 28 1998 8:00am

Secretary of State

Principal Place	e of Business	• •	Mailing Addr	ess						11 <b>08181 81</b> 1	III 8484 I <b>8</b> 81
P.O. BOX 547192 P.O. BOX 547192											
SURFSIDE FL 33154 SURFSIDE FL 33154							DO NOT WRITE IN THIS SPACE				
US			ħ2						IN THIS SPA	CE	
								3. Date Incorporated or Qualified 02/21/1994			
2 Principal D	Inna of Rusinnes		2a Mailing A	ddroce				4. FEI Number		T 14-	
2. Principal Place of Business 2a. Mailing Address 2b. PSBox					6	-2	8810.	59-3226146			plied For
Suite, Apt. #, etc. Suite, Apt. #, etc.					<u> </u>	030100		38-3220140	4		t Applicable
22 27								5. Certificate of Status Desired		Fee Re	1
City & State City & State								6. Election Campaign Financing		\$5.00	·
	28 0 JUS, FLORIDA				RIDA	Trust Fund Contribution		Added to			
Zip	Country		Zıp		Co	untry		B. This corporation owes or has pai	d the current	year Inta	angible
24 33 L	6 5 25 U	SA	29 35	163	30		USA	Personal Property Tax due June	30. 🔲 Y	es 🗀	] No
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent			
GLEN, LONE							Name				
3100 N.E. 190TH STREET						82 Street Address (P.O. Box Number is Not Acceptable)					
AVENTURA FL 33180								,			
						83					Ī
•						84	City	<del></del>	8	5 Zip C	Code
				· · · · · · · · · · · · · · · · · · ·	<b></b>				┡┖╵		ŀ
11. Pursuant t	to the provisions of Sectio egistered agent of onto. i	ns 607.0502 a n the State of	and 607.1508, F Florida: Such d	lorida <b>Stat</b> u hange <b>wa</b> s	tes, the a authorize	above ad by	e-named corp  the corporal	poration submits this statement for the prijon's board of directors. I hereby accep	urpose of cha the appoint	anging its ment as	s registered registered
agent. I a	m familiar with sind a cor	of the obligation	ons of, Section 6	Ю7.05 <b>0</b> 5, F	lorid <u>a</u> Sta	itutes	s []	2	1	11-	100
SIGNATURE	/\^			KE		ع.		RESIDEM	4	<u> </u>	178
		TCFRS AND I	ond title if applicable	(NO	16 Register		ent signafure requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE .	/ DECTOR	C INI 12
TITLE		IOI NO MINU I		DELETE	1.11			ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	LUKE, GLEN		-	,		IAME					
STREET ADDRESS	\$100 N.E. 190TH S	TREET					ADDRESS				
CITY-ST-ZIP	AVENTURA FL					OTY-S					
TITLE				DELETE	211					Change	☐ Addition
NAME					2.21	IAME					
STREET ADDRESS					2.3 9	STREET	ADDRESS				-
CITY-ST-ZIP	i				2.4	CITY-S	ST - ZIP				
TITLE			Ĺ	DELETE	3.1 1	ITLE				Change	Addition
NAME					321	IAME					
STREET ADDRESS					3.3 5	TREET	ADDRESS				
CITY-ST-ZIP					3 4.	CITY-S	ST-ZIP				
TITLE			Ĺ_	DELETE	4.11	itce				Change	Addition
NAME	ı -				4. 2	NAME					
STREET ADDRESS					433	TREET	ADDRESS				
CITY-ST-ZIP				DELETE		HTY-S	ST - ZIP			Obac	Addition
TITLE				) DELETE	5.1 ]					Change	☐ Addition
NAME						IAME					
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP			<del>-</del>	DELETE	_	ITY-S	ST-ZIP			Chacas	Addition
TITLE			_	DELETE	6.11		1		Ĺ	Change	Addition
NAME						IAME	1000000				
STREET ADDRESS					6.3 5	THEET	ADDRESS				1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the disciplinary or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an adjust frent with an address.