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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000018467

1. Corporation Name

ADAMO MANACEMENT COOLID INC

Principal Place of Business	Mailing Address				
5776 SENEGAL DRIVE JUPITER FL 33458-3473	5776 SENEGAL DRIVE JUPITER FL 33458-3473				
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_			
22	City & State				

FILED Feb 22, 1999 8:00 am Secretary of State

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					jo n 13 00 1 30211	. 1 211		
Principal Place of Business Mailing Address			-	((52)(53) (10) (10) (10) (10) (10) (10)	161 11661 18111			
776 SENEGAL DRIVE UPITER FL 33458-3473	5776 SENEGAL DRIVE JUPITER FL 33458-3473		DO NOT WRITE IN TH	HS SPACE	i			
				3. Date Incorporated or Qualifed				
			ĺ	03/04/1994				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For		
1	26			65-0475501		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired		75 Additional se Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be		
Zip Country		untry		8. This corporation owes the current year	Intangible			
25	29 30			Personal Property Tax.	₽ Yes	s □No _		
9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ad Agent			
		81	Name			•		
ADAMS, DAVID M 5776 SENEGAL DRIVE JUPITER FL 33458-3473		82	Street Addres	dress (P.O. Box Number is Not Acceptable)				
		83						
		84	City	F	E 85	Zip Code		
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	of Florida. Such change was authorize	ed by t	the corporation	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	of changir pointment	ng its registered as registered		
SIGNATURE	MOTE POLICE	ad Ame	nt signature required w	uhen reinstatinn) DATE				
Signature, typed or printed name of registered agent			1 Milerale Ledollen A	ADDITIONS/CHANGES TO DESICEPS	AND DIDE	CTODE IN 12		

SIGNATURE									
SIGNATURE	Signature, typed or printed name of reg	stered agent and title if applic	able. (NOTE: Re	egistered Agent signature re	equired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PT		DELETE	1.1 TITLE		•		Change	Addition
NAME	ADAMS, DAVID M.			1.2 NAME					
STREET ADDRESS	5776 SENEGAL DRIVE			1.3 STREET ADDRESS					ļ
CITY-ST-ZIP	JUPITER FL	33458		1.4 CITY-ST-ZIP	·				
TITLE	VS	<u> </u>	□ DELETE	2.1 TITLE				Change	☐ Addition
NAME	ADAMS, AILEEN W.			2.2 NAME					
STREET ADDRESS	5776 SENEGAL DRIVE			2.3 STREET ADDRESS					
CITY-ST-ZIP	JUPITER FL	33458 _		2.4 CITY-ST-ZIP					
TITLE			☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY- ST- ZIP					
TITLE			☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			•	4. 2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST-ZIP					
TITLE			☐ DELETE	51 TITLE		÷	•	Change	☐ Addition
NAME				5.2 NAME		•			
STREET ADDRESS				5.3 STREET ADDRESS					
CITY-ST-ZIP				5.4 CITY-ST-ZIP					
TITLE			☐ DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET ADDRESS					
CITY, ST. 7(D				6.4 CITY-ST-ZIP					

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 receiver 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 attachment with an address, with all other like empowered.