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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE: /

DOCUMENT # P94000052702 (5)

ADR APPLICATIONS, INCORPORATED

Principal Place of Business Mailing Address 150 MAGNOLIA AVE. 150 MAGNOLIA AVE.						1 (04)(48)	ten enter midte millet maste date	ı dülkt öticə i	ilist litter ædsti	1101191
Daytona bea	CH FL 32114	DAYTONA BEACH FL 321	14-4304			1				
						3. Date Inco	rporated or Qualified	3a. Dat	e of Last R	eport
						07/15/1		04/1	9/1996	Ì
2. Principal P	face of Business	2a. Mailing Address				4, FEI Numb		<u></u>		plied For
21		26				59-20	27559		No	t Applicable
Suite, Apt	#, étc	Suite, Apt. #, etc			5 Certificate	of Status Desired		\$8.75		
22		27			0. 00	Fee Required				
City & Stat	e	City & State			3	6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip				Country			8. This corporation has fiability for intangible tax under s. 199.032, Florida Statutes			
24	25 29 30 30			Florida Statutes LJ Yes X No 10. Name and Address of New Registered Agent						
DAL	METTO CHARTER SERVICES INC			81	Name	10, 11		8.000		
	MAGNOLIA AVE.	•		82						
					Address (P.O. Box Number is Not Acceptable)					
ואט	TONA BEACH FL 32115-2491			83						
ļ									····	
				84	City			FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statu	tes, the al	DOVE	-named	corporation submits	this statement for the p	ourpose of	changing it	s registered
office or n	registered agent, or both, in the State o	of Florida, Such change was	authorized	d by	the corp	poration's board of di	rectors. I hereby accep	of the appo	ointment as	registered
	in terrina via , and accept the conga	roms or, occitor cor.occo, r	ionoa otta	10100						
SIGNATURE	Signature Typed or pikinted name of registered agen	and fite at applicable (NO	TE: Registere	d Age	nt signature	required when reinstaling)		DATE		
12.	OFFICERS AND		13.			ADDITION	S/CHANGES TO OFFIC			
T:TLE	CBD	XI DELETE	XI DELETE 1.1 ₹		i	Į L		Change	Addition	
NAME	BELL, SAMUEL P III	·	1.2 NAME							
STREET ADDRESS	131 N. GADSDEN ST.		1.3 ST	TREET	ADDRESS					
COLY ST ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP						T Lagran
TITLE	TVAS DELETE			21 TITLE					Change	Addition
N4ME	BOND, JAY D JR. 150 Magnolia ave.		2.2 NAME							
STREET ACCRESS	DAYTONA BEACH FL		2.3 STREET ADDRESS		1					1
CIFY+ST+7IP	VASD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE						Change	Addition
TITLE NAME	KANEY, J. LESTER	X occur	3.2 NAME						Unanyo	Addition
STREET ADDRESS	450 444 0010145 4145		1	3.3 STREET ADDRESS						
CiTY - S1 - ZIP	DAYTONA BEACH FL				ST-ZIP					
TITUS	DAVP	······································		TLE	J. 411				Change	Addition
NAME	KANEY, JONATHAN D JR.	A	4.2 N							
STREET ADORESS					address					
CITY SE-712	DAYTONA BEACH FL			4.4 City-SI-ZIP						
THUE	DAVP	DELETE	51 TI		**				Change	Addition
NAME	A - A - A - A - A - A - A - A - A - A -		5.2 N	AME						·
STREET ADDRESS	131 N. GADSDEN ST.		5.3 S	TREET	ADDRESS					Ì
CITY ST-ZiF			5.4 CI	ITY-S	it-ZIP	L				
TITLE	DVPA	DELETE	6.1 70	TLE		PRES 5	SEC.		Change	Addition
NAME	UPCHURCH, JOHN J		6.2 N	AME .		, •, =	= -	•	•	
STREET ADDRESS	150 MAGNOLIA AVENUE		6.3 S	TREET	ADDRESS					
CHY+S1 ZIP	DAYTONA BEACH FL		64C	ITY-S	T-ZIP					

14. I do 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 a rector of the corporation of 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 alrechment with an address.