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 # P94000052702 (5)

ADR APPLICATIONS, INCORPORATED

FILED May 01 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				75191 6 4(1 6 11611 166 ()	
150 MAGNOLIA AYE. 150 MAGNOLIA AVE.							
DAYTONA BE	TONA BEACH FL 32114 DAYTONA BEACH FL 32114				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	11110 01 702	
					07/15/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 125 4	S. PALMETTO AVE		1.1.		59-2027559	 	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						60.70	5 Additional
22 27					5. Certificate of Status Desired		Required
City & State ,City & State				٠	6. Election Campaign Financing	\$5.0	10 May Be
			BEAC	N, FL			d to Fees
Zip 24 32119	Country	Zip	Country	<i>(</i>	8. This corporation owes or has paid	the current year	Intangible
24 22117			10		Personal Property Tax due June 30		⊠ №
	g, Name and Address of Current			T	10. Name and Address of New Regis	stered Agent	
	METTO CHARTER SERVICES IN	C.	81	Name			
150 MÄGNOLIA AVE.				82 Street Address (P.O. Box Number is Not Acceptable)			
DA	/ TO NA BEACH FL 32115-2491				¥-1441		
			83				
			84	City		85 Zi	p Code
			<u>.</u>			FL	
office or re	egistered agent, or both, in the State :	ol Florida. Such change was au	thorized bi	v the corporal	poration submits this statement for the pur tion's board of directors. Thereby accept t	pose of changing	g its registered as registered
agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Slalute	S.	,	no appointment	
SIGNATURE							
	Signature, typad or printed name of registered ager OFFICERS AND			ent signature requi	red when reinstating)	DATE DIDECT	ODC IN 40
TITLE	PS	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change	
NAME	UPCHURCH, JOHN J		1.2 NAME			ي در	7.00.0.0
STREET ADDRESS	ARA MAGNICIA ALEMIE		l	ADDRESS			
CITY-ST-ZIP	DAYTONA PEACH EL		1.4 City- 8	i			
TITLE			21 TITLE	51* £IF		L. Change	e Addition
NAME	-		2.2 NAME				
STREET ADDRESS	1		23 STREET ADDRESS				
CITY-ST-ZIP	1		2 4 CITY-				
TITLE			3.1 TITLE			☐ Change	e Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CiTY-	ST-ZIP			1
TITLE			4.1 TITLE			☐ Change	e Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5	ST - ZIP			j
TITLE			5.1 TITLE			Change	e Addition
NAME			5.2 NAME				į
STREET ADDRESS			5.3 STREET	ADDRESS			•
CITY-ST-ZIP			5.4 CITY - 5	ST- ZIP			
TITLE		DELETE	6.1 TITLE			Change	e Addition
NAME			6.2 NAME				İ
STREET ADDRESS			6.3 STREET	ADDRESS			l
CITY-ST-ZIP	· <u>·</u>		6.4 CITY - S	T- ZIP			l
	ertify that the information supplied wit	th this filing does not qualify for			Section 119 07(3)(i) Florida Statutos I fur	ther certify that t	ha information

14. I nereby 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.

v 4/22/18

CAD 7/11 7/00