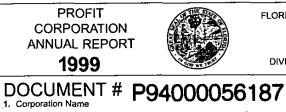
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90132 027 \*\*\*150.00



ADLE DO	DDY FRANCHISE MARKETIN	G GROUP, INC							
Principal Place	e of Business	Mailing Address				- I (BO(1801 (NO 1811) OF031 OB111 OF	116 <b>60</b> 141 <b>60</b> 40) <b>0</b>		<b>9</b> 01 (814) ( <b>93</b> 1 (8 <b>9</b> )
3196 GULF TO		30750 U.S. HWY. 19 NOR	TH						
CLEARWATER FL 34619 PALM HARBOR FL 34684								20465	
						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			1
· · · · · -						07/29/1994 4. FEI Number	<del></del>		Applied For
2. Principal Place of Business 130750 U.S. Hwy 19 No. 26 2a. Mailing Address						59-3467701			Not Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.	<del></del>	-		39-3407701	<del>-</del> _		Additional
Suite, Apt.	#, etc.	27 27 27 27 27 27 27 27 27 27 27 27 27 2				5. Certifcate of Status Desired			Required
City & State	8	City & State				6. Election Campaign Financing		\$5.0	0 May Be
3 Pala	a Harbor, FL	28				Trust Fund Contribution		•	d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	ent year Inta	ngible	
3340	84 [25]	29	30			Personal Property Tax.	•	Yes	□No
<u> </u>	9. Name and Address of Current			Ϊ		10. Name and Address of New F	Registered A	gent	
		<del></del>		81 Nam	e				7
	B CORPORATE SERVICES INC.			82 Stree	ot Addres	ss (P.O. Box Number is Not Accepta	able)		
	60 U. S. HWY 19 N			02 0	ot Addie.	as (1:0. Box Humber is Hot Assept			
PALI	M HARBOR FL 34684			83					
				84 City				85 Zi	p Code
				84 City			FL	65  -	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligat	if Florida. Such change was	authorized	i by the co	rporation	ration submits this statement for the 's board of directors. I hereby accept	ot the appoin	tment as	registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was ions of, Section 607.0505, Fl	authorized orida Stati	to by the co utes.	rporation	ys poard of directors, i nereby access when reinstating)	DATE	unent as	
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14. I hereby certify that the information supplied with his 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 of 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.

SIGNATURE: