

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90011 010 ***600.00

DOCUMENT # **P95000010535**

1. Corporation Name

THE ADLER COMPANIES, INC.

Principal Place of Business

**9350 SUNSET DR
SUITE 100
MIAMI FL 33173**

Mailing Address

**9350 SUNSET DR
SUITE 100
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1995

4. FEI Number

65-0557004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **V**
NAME **CARR, JAMES M**
STREET ADDRESS **9350 SUNSET DR**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VS**
NAME **EISENACHER, HAROLD**
STREET ADDRESS **9350 SUNSET DR**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **V**
NAME **CHERNUYS, LEONARD R**
STREET ADDRESS **9350 SUNSET DR**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **S**
NAME **PORTER, CATHRYN L**
STREET ADDRESS **3200 SOUTHWEST FREEWAY SUITE 1220**
CITY-ST-ZIP **HOUSTON TX 77027**

TITLE **D**
NAME **BRADLEY, BILL C**
STREET ADDRESS **5999 SUMMERSIDE DR SUITE 112**
CITY-ST-ZIP **DALLAS TX 75252**

TITLE **V**
NAME **IBARRIA, DIANA**
STREET ADDRESS **9350 SUNSET DR**
CITY-ST-ZIP **MIAMI FL 33173**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D**
5.2 NAME **Michael McCraw**
5.3 STREET ADDRESS **2740 N. Dallas Parkway STE 200**
5.4 CITY-ST-ZIP **Plano, TX 75093**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Harold Eisenacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

(305) 595-3281
Daytime Phone #

CR2E034 (1/98)