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## PROFIT .

CORPORATION ANNUAL REPORT 1999



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FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000025170

1. Corporation Name

	ADLE NO	OMS FOR LESS	, INC.								
Principal Place	of Business		М	ailing Address						I <b>ad</b> i Bildi ilbii i	<b>Ba</b> n Ban Habi
1947-9 NW 9TH AVE 450 S.W. 118TH AVE.											
FT LAUDERDALE FL 33311 PLANTATION FL 33325											
US							. DO NOT WRI	TE IN THIS S	SPACE		
								3. Date Incorporated or Qualifed	•		
								03/29/1995		<u> </u>	
2. Principal Place of Business			2a	2a. Mailing Address				4. FEI Number	•		olied For
21			26					65-0567164			Applicable
Suite, Apt. #, etc.			L	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>\$8.75</b> A Fee Red	
22			27								
City & State			$\vdash$	City & State				6. Election Campaign Financing		\$5.00	
23			28					Trust Fund Contribution		Added to	rees
Zip	,	Country		Zip		Country	'	8. This corporation owes the curr	ent year Inta		_No :
24		25	29	<del>.</del>	30	1		Personal Property Tax.  10. Name and Address of New F	Panistared A		
	9. Name	and Address of Curr	ent Regis	stered Agent		81	Name	10. Name and Address of New P	(egistered A	·gent	
ARAI	NDONO 14	۵V				"	INALLIC				
ABANDOND, JAY 450 S.W. 118TH AVE.							Street A	dress (P.O. Box Number is Not Accepta	able)		
	NTATION F					83			o gyan iz z Carettat kynek	9 to 10 1841.	13 1 8 3 1 V 5 1
r CAI	MAHON	L 33323				03	-				
	•					84	City	\$ 10 mm		85 Zip C	ode
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11. Pursuant	to the provis	sions of Sections 607.0	502 and t	507.1508, Florida S	tatutes, in	e abovi	e-nameo d	of the state of disasters. I hereby access	t the annoin	tment as rec	ristered
agent. I ai	m familiar wi	ith, and accept the obli	gations of	da, Such change w f, Section 607.0505	as authori , Florida S	zeo by Statutes	the corpor	orporation submits this statement for the ation's board of directors. I hereby accept	л ше арроп		,iotoroa
agent. I an	m familiar wi	ith, and accept the obli	gations of	r, Section 607.0505	, Florida S	otatutes		uired when reinstating) ,	DATE		
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agent. I ai	m familiar wi	Ith, and accept the obli	gations of	if applicable.	(NOTE: Regist	ered Ager		uired when reinstating) ,	DATE		
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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 trusted 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 explowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP