## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**RROFIT** CORPORATION ' ANNUAL RÉPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000041880 (2) **DOCUMENT #** 1. Corporation Name

ADR GROUP, INC.

Ритсіра:	riace	OI COUNTIONS	
0400F 0	FFAF	CID	

Mailing Address



24035 GEESE LAND O'LAKES				OX 545 FL 33549				3. Date Incorporated or Qualified	3a. Date	of Last	Report
								05/24/1995			
2. Principal Pla	ce of Busine	ess	2a. Mail	ing Address		-		4. FEI Number			Applied For
21			26					59-3322222			Not Applicable
Suite, Apt. #	, etc.		Suit	e, Apt. #, etc.				5. Certificate of Status Desired			75 Additional e Required
City & State			City	& State				Election Campaign Financing     Trust Fund Contribution			.00 May Be ded to Fees
Žip 24		Country 25	Zip 29		Count	ry		8. This corporation has liability for Florida Statutes	rintangible ta es <b>⊡</b> no	x under	s 199.032,
:4	9. Name	and Address of Currer	11	d Agent	11			10. Name and Address of New	Registered /	Agent	
			¥		8	1	Name				
20525	4 5415					12	Stroot Ad	dress (P.O. Box Number is Not Accept	ablei		
24035 G	, A. DALE EESE CIR					3	311661 MO	Gless (F.O. Box Horribor is Hot viceopt			
LAND O'	LAKES FL	34639									
•					6	14	City		FI	85	Zip Code
familiar wi	th, and acce	pt the obligations of, Sec or printed name of registered agen	t and title if applica	able (N	S.			oration submits this statement for the poard of directors. I hereby accept the appropriate the properties of the propert	1FAG		
12.	- A T	OFFICERS AN	ID DIRECTOR	S DELETE	1. 1 ]([			ADDITIONS/GIFFREED TO S		1 Chan	
TITLE NAME STREET ADDRESS	A.DAI 2.4035	le Koedly c Goese Civ.	· · · · • •	<b>C</b> better	1.2 NAA 1.3 STR	ME Eet	ADDRESS				
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TITLE				DELETE	2. 1 717		Į		•		<b>.</b>
NAME	1				2.2 NA						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP				DELETE	2.4 CIT		ST - Z/P			Char	ge Addition
TITLE	1	•		[] been	3.2 NA				•		
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STREET ADDRESS					3.5. ST						
CITY-ST-ZIP	<del> </del>			☐ DELÉTÉ	4 1 Ti3					Char	nge 🔲 Addition
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NAME							T ADDRESS				
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NAME					5 2 NA	ME					
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CITY-ST-ZIP							ST-ZIP				
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NAME					6 2 NA	ME	ļ	-03/21/960	)1049C	14U	
STREET ADDRESS					63 ST	REE	T ADDRESS	***200.00			
	1				6.4 CI	T¥-	S1 - ZIP				
14 I do here	hy certify th	at the information supplier	d with this filin	ng is voluntarily fu	urnished and	doe	es not qual	ify for the exemption stated in Section	19.07(3)(k), F	orida S	tatutes. I further as if made under

Too fereby entity 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 it made under 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 it made under certify 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.

SIGNATURE: