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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041880 (2)

ADR GROUP, INC.

## FILED May 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 24035 GEESE CIR P O BOX 545 LAND O'LAKES FL 34839 **LUTZ FL 33549** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1995 2. Principal Place of Business 2s. Mailing Address Applied For 21 26 59-3322222 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes □ No 29 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROEDER, A. DALE 24035 GEESE CIR 62 Street Address (P.O. Box Number is Not Acceptable) LAND O'LAKES FL 34639 83 84 City 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) (10/9/ 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Addition 1.1 11118 Change NAUF ROEDER, A. DALE 1.2 NAME CR2E034 24035 GEESE CIR STREET ADDRESS 1.3 STREET ADDRESS LAND O'LAKES FL 34639 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-2IP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 actities.

SIGNATURE:

4-22-98

813-941-4765