

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90010 027 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000041880

1. Corporation Name  
**ADR GROUP, INC.**

Principal Place of Business: 24035 GEESE CIR, LAND O'LAKES FL 34639  
 Mailing Address: P O BOX 545, LUTZ FL 33549



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1995

4. FEI Number: 59-3322222  
 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: 21 16110 N. Florida Ave.  
 Suite, Apt. #, etc.:  
 City & State: Lutz, FL  
 Zip: 33549 Country: USA

2a. Mailing Address: 26 16110 N. Florida Ave.  
 Suite, Apt. #, etc.:  
 City & State: Lutz, FL  
 Zip: 33549 Country: USA

9. Name and Address of Current Registered Agent  
 ROEDER, A. DALE  
 24035 GEESE CIR  
 LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name: William R. Schaefer  
 82 Street Address (P.O. Box Number is Not Acceptable): 16110 N. Florida Ave.  
 83  
 84 City: Lutz FL 85 Zip Code: 33549

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: *William R. Schaefer* (NOTE: Registered Agent signature required when reinstating) DATE: 3-15-99

12. OFFICERS AND DIRECTORS

TITLE: P	NAME: ROEDER, A. DALE	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 24035 GEESE CIR		
CITY-ST-ZIP: LAND O'LAKES FL 34639		
TITLE: P	NAME: William R. Schaefer	DELETED: <input type="checkbox"/>
STREET ADDRESS: 16110 N. Florida Ave.		
CITY-ST-ZIP: Lutz, FL 33549		
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:		
CITY-ST-ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: President/Director	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME: William R. Schaefer	
1.3 STREET ADDRESS: 16110 N. Florida Ave.	
1.4 CITY-ST-ZIP: Lutz, FL 33549	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>

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: *William R. Schaefer* DATE: 3-15-99

CR2E034 (11/98)