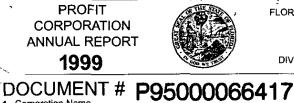
**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name A.D.B. INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## HLED

99 DEC 21 PM 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address			
282 BUENA VISTA DRIVE IARGATE FL 33063 IS		6282 BUENA VISTA DRIVE MARGATE FL 33063 US		REINSTATEME	MS SPACE
				3. Date Incorporated or Qualifed 08/28/1995	
Principal Place of Business . 2a. Mailing Address				4. FEI Number	Applied For
2020 WEST MCNAB RD. 26 2020 WEST N		CNAB RD.	65-0605637	Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27		05	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	PROALE	City & State  28 FORT RAUD	ERDALE	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip .! 3336	Country U. 5.A.	Zip 29 33304 3	Country U.S.A.	This corporation owes the current yea     Personal Property Tax.	r Intangible
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
DUFFY BARBARA 6183 S.W. 6 STREET MARGATE FL 33068			83	OVFFY, BARBARA  dress (P.O. Box Number is Not Acceptable)  LO W. MCHAB ROAD  OUTE 105	
					FL 85 33369
office or ragent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auti	norized by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the appropriate the statement for the purposition's board of directors.	e of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and titled applicable. (NOTE: Ro	egistered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TLE	SP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
IAME	BERRIOS, ROLAND		1.2 NAME		
TREET ADDRESS	6282 BUENA VISTA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063	<i>j</i>	1.4 CITY-ST-ZIP		
TTLE	TVP	DELETE	2.1 TITLE		☐ Change ☐ Addition
IAME	Bertuzzi, Martin		2.2 NAME	600000310	33062
TREET ADDRESS	6282 BUENA VISTA DR.		2.3 STREET ADDRESS		-01025001
	MARGATE EL 33063		2.4.CITV.ST.7ID	****758.7	5 ****758.75

2.4 CITY-ST-ZIP

33 STREET ADDRESS

43 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

□ DELETE

DELETE

6.4 CITY-ST-ZIP 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 an other like empowered.

**SIGNATURE** 

MARGATE FL 33063

Barbara Düffy

2020 West McNab Rd. 105

Ft. Lauderdale, FL 33309

Pres.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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CR2E034 (11/98)

Change

Change

Change

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Addition

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Addition