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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086329 (5)

ADF ENTERPRISES, INC.

Block 12 or Block 13 if

an attachment with an address.

FILED May 14 1998 8:00am Secretary of State



4/2/198

305-597-700°

Principal Place of Business Mailing Address 10117 WEST OAKLAND PARK BOULEVARD. STE 322 10117 WEST OAKLAND PARK BOULEVARD. STE 322 SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/18/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0702372 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 Cily & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zio Country Country This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FRIEDMAN, ADAM 9346 NW 53 CT Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 83 85 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, typical or printed mank, of registered agent and title it applicable (NC)1f Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. __ DELETE Change Addition 1.1 THILE TITLE FRIEDMAN, ADAM 1.2 NAME NAME 10117 WEST OAKLAND PARK BOULEVARD, STE 322 STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change VSD DELETE Addition TITLE 2.1 TITLE FRIEDMAN, DEBRA RENEE NAME 2.2 NAME 10117 WEST OAKLAND PARK BOULEVARD, STE 322 2.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-\$1-ZIP 2 4 CITY-ST-ZIP DELETE ... Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP mation 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 14. I hereby certify that the indicated on this arriva officer or director of the ort 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 oration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in