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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098636 (9)

ADONAL ET AL, INC.

Principal Plac	e of Business	Mailing Address				DEFECT COLOR DATED BASED DATE COLOR
1601 SW 27TH AVE. APT. 603		1601 SW 27TH AVE. APT. 603				
OCALA FL 34474		OCALA FL 34474		DO HOT WOLL	W 1110 00 t 05	
					DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address			12/04/1996 4. FEI Number	Applied For
21	indo or business	26			59-3415672	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			- \$9.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid	~
24	25	29	30		Personal Property Tax due June 3 10. Name and Address of New Reg	
	9. Name and Address of Curre	ent Hegistered Agent	B1	Name	10. Name and Address of New Reg	listered Agent
	FERT, MICHAEL A		0	Name		
	S SE 3RD AVE.		82	Street Ac	idress (P.O. Box Number is Not Acceptable	e)
00	ALA FL 34471		83			
				1		
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Stat	utes, the abov	re-named co	orporation submits this statement for the pu	- -
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was	s authorized b	y the corpo	ration's board of directors. I hereby accept	the appointment as registered
-	m familiar with, and accept the obli	gations of, Section 607.0505, 1	Torida Statute	8.		
SIGNATURE	Signature, typed or printed harne of registered a	igent and little if applicable (NO	DIE Registered Ag	ent signature rec	quired when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	Meyer, Ruth		1.2 NAME			
STREET ADDRESS	1601 SW 27TH AVE. APT. 6	03	1.3 STREE	1 ADDRESS		
CiTY-ST-ZIP	OCALA FL 34474		1.4 CITY -	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	1 ADDRESS	、	* 1
CITY-ST-ZIP		Printe	2. 4 CITY	S1-ZIP		Charles Tables
TITLE		DELETE	3.1 TOLE	[Change Addition
NAME			3.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	ST-71P		Change Addition
NAME		_ orecie		ļ		E orange E Addition
STREET ADDRESS			4. 2 NAME	T ADDRESS		
			4.4 CITY-			
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	JI LE		Change Addition
NAME			5.2 NAME	1		_ ,
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	61 111LE		. , . ,	Change Addition
NAME			62 NAME			
STREET ADDRESS			63 STREE	ADDRESS		i
CITY-ST-ZIP			6.4 CITY-			

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 error an attachment with an address.

Charl Man

HIZBA

352-737-3980

:R2E034 (10/97)

FILED

Jan 20 1998 8:00am

Secretary of State