

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 26 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000004865 (6)
 1. Corporation Name
 2000A.D.N.O. 01 CORPORATION



Principal Place of Business: 292 SOUTH COUNTY ROAD, SUITE 125, PALM BEACH FL 33480
 Mailing Address: 292 SOUTH COUNTY ROAD, SUITE 125, PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country
 25
 2a. Mailing Address
 26 294 South County Rd
 27 Suite, Apt. #, etc.
 28 City & State
 29 Palm Beach
 30 Zip
 31 FL
 32 Country
 33 33480

3. Date Incorporated or Qualified: 01/15/1997
 4. FEJ Number: 65-0719668
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
 4521 PGA BOULEVARD
 SUITE 211
 PALM BEACH GARDENS FL 33418

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
 FL

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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D CUNNINGHAM, CHARLES <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, CHARLES	1.2 NAME
STREET ADDRESS	292 SOUTH COUNTY ROAD, SUITE 125	1.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP
TITLE	D CUNNINGHAM, MARY CHRISTINE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, MARY CHRISTINE	2.2 NAME
STREET ADDRESS	292 SOUTH COUNTY ROAD, SUITE 125	2.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP
TITLE	D CUNNINGHAM LAKE, RACHELE <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM LAKE, RACHELE	3.2 NAME
STREET ADDRESS	292 SOUTH COUNTY ROAD, SUITE 125	3.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL 33480	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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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.

[Handwritten Signature]

CR2E034 (5/98)

PC
 8-26

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2000 ADNO 01 CORPORATION
294 SOUTH COUNTY RD
PALM BEACH , FL 33480

REF NUMBER ; P97000004865

Dear Sir,

Thank you for your letter of July the 20th, 1998.

Once again you have sent the mail incorrectly addressed, consequently it has arrived late.

I have been advised by your office to send you the check only for \$150 as the question of a delay payment does not arise. I am advised you will accept, the initial prescribed amount for delay.

I hope this explanation meets with your approval,

Yours Sincerely,

A handwritten signature in cursive script, appearing to read "C. Coughlin", followed by a horizontal flourish.