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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P97000005526**1. Corporation Name

ADAK, INC.

Mailing Address

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90004 050 \*\*\*150.00



Principal Place	e of Business	Mailing Address								
403 E. STRAWB		403 E. STRAWBRIDGE	AVE.							
MELBOURNE FL	L 32901	MELBOURNE FL 32901				TON NOT	WRITE IN THIS	SPACE	<b>.</b>	
						3. Date Incorporated or Qua			-	
						01/21/1997				1
O Drive size al Di	leas of Divisions	2a. Mailing Address				4. FEI Number			App	lied For
	lace of Business	<b>⊢</b> ¬ ~				59-3437376		-	+	Applicable
21		26 Suite Ant # ata				39-3437370		<b>\$2</b>	<del></del>	dditional
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desire	ed 🔲		e Rec	
22		27					<del> </del>			-
City & State		<u> </u>	City & State			6. Election Campaign Finance	ang 🗆			May Be Fees
23		28				Trust Fund Contribution			ded to	rees
Zip	Country	Zip	_	ountry		8. This corporation owes the	current year int	angible Ye:		□no
24	25	29	30			Personal Property Tax.  10. Name and Address of N	ow Bogietarad			-110
	9. Name and Address of Curren	it Registered Agent		81	Name	10. Name and Address of N	ew Kegisteren	Agent		
VAYLIIT	TE TAMES C. II			"	Name					
	TE, JAMES C II			82	Street A	Address (P.O. Box Number is Not Ac	ceptable)			
	E. STRAWBRIDGE AVE.						<u> </u>			
MELI	BOURNE FL 32901			83						(
				84	City			85	Zip C	ode
				[ ]	- •		FL	.		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida S	tatutes, the	above	-named o	corporation submits this statement for	r the purpose of	changi	ng its r	registered
office or re	egistered agent, or both, in the State	of Florida, Such change w	as authorize	zed by t	the corpo	ration's board of directors. I hereby	accept the appoi	ntment	as reg	jistered
agent. i ai	m familiar with, and accept the obliga	nions of, dection 607.0303	, i longa ota	iaiuico.						
SIGNATURE	Signature, typed or printed name of registered ager	at and title if analicable (	NOTE: Beneten	red Agent	nignatura re	quired when reinstating)	DATE			
					i sidilamina ia					
					signature re		OFFICERS AN	D DIR	CTO	RS IN 12
12.	OFFICERS AN	ND DIRECTORS	13		t signature re	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRI		RS IN 12
12.	OFFICERS AN	ID DIRECTORS	13 E 1.1	3. I TITLE	s signature re		OFFICERS AN			
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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 of 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 pn at attachment with an address, with all other like empowered.

SIGNATURE:

SCHATURE REQUIRED

5/94 407 952645

Daytime Phone

(44/08)