Apr lied For

\$8.75 Additional

Fee Required

Not Applicable

## 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

16 AUC N.

DOCUMENT  1. Corporation Name	#	P97000037283	
ADRIANO'S INC.			

Principal P ace of Business 3405 34 STREET N. ST. PETERSBURG FL 33713

2. Principal Place of Business

Suite, Apt. #, etc.

STREET ADDRESS

CITY-ST-ZIP

21

Mailing Address

2a. Mailing Address 26 5701

Suite, Apt. #, etc.

26

27

5601 33 AVENUE NORTH ST. PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

04/24/1997

74-2836194

4. FEI Number

E-E-						<del>                                     </del>					
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23 Zin	Cour try	Zip	Coul	ntrv	_L_ <u>-</u> '	<del> </del>	oration owes the cu	urrent vear n			1000
Zip	25	29 3337/0	30	ΪS	A	,	Property Tax.	inent year n	Yes	s );	∄No
24	9. Name and Address of Current	<u> </u>	1301			<u> </u>	d Address of New	Registered	Agent		<u>.                                    </u>
	g. Harre and Addiess of Garren.	, togistis ou , i game		81	Name						·
וים סי	ARGENTO, ADRIANO			<u> </u>		<del></del>		-4-1-1-1			
566	01 33 AVENUE NORTH		ŀ	82	Street Acdre	ss (P.O. Box N	umber is Not Accer	nable)			
ST	. PETERSBURG FL 33710			83							· · · · · · · · · · · · · · · · · · ·
						·					
				84	City			Ft	85	Zip C	ode
44 Buccus	nt to the provisions of Sections 607.0502	and 607 1508 Florida Statu	ites the at	bove-	named cc roo	ration submits t	his statement for th	ne purpose o	f changi	ng its r	egistered
office c	r registered agent, or both, in the State of	f Florida. Such change was	authorized	i by tr	ne corporation	n's board of cire	ctors. I hereby acc	ept the appo	intment	as reg	stered
agent.	am familiar with, and accept the obligati	ons of, Section 607.0505, Fi	ionda Stati	utes.							
SIGNATUR	Signature, typed or printed na ne of registered agent	and title if applicable (NO)	T :: Registered	Agent :	signature required	when reinstating)		DATE			
12.	OFFICERS AND		13.				S/CHANGES TO C	FFICERS A	ND DIR	ECTOF	S IN 12
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NAME	1		6.2 N/	AME							
			6.3 ST	TREET A	DDRESS						

14. Thereby certify that the information supplied with this filling 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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP