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 #	P97000060052	(2)

1. Corporatio	AD INTERPRISES INC.	10060052 (2	3)			
Principal Plac	e of Business	Mailing Address				-{
3800 US HIGHWAY 98 NORTH 3800 US HIGHWAY		3800 US HIGHWAY 98 LAKELAND FL 33809	9 NORTH			DO NOT WRITE IN THIS SPACE
	**					3. Date Incorporated or Qualified 07/09/1997
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number Applied For Not Applied For
Suite, Apt.		Suite, Apt #, etc.				5. Certificate of Status Desired Security Securi
City & State		City & State	<u> </u>			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24	Country	Zip 29	30 Co	untry	<i>'</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	g, Name and Address of Curi	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent
	ITER, BERNARD R					
3036 BIG SKY BOULEVARD KISSMIMEE FL 34741			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
(SIMPLE IL STITI			83		
**				84	City	85 Zip Code
				"	City	FL 85 Zip Code
agent. I a	rn familiar with, and accept the ob					ion's board of directors. I hereby accept the appointment as registered of when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 T		1	Change Addition
NAME	DHANANI, KABIRUDDIN		The state of the s	IAME		
STREET ADDRESS	3209 WHITE DOVE LANE KISSIMMEE FL 34746				ADDRESS	
CITY-ST-ZIP TITLE	MOOIMMEC LE 94140	☐ DELETE	2.1 7	ITY-S ITLE	1.20	☐ Change ☐ Addilio
NAME	79 8 4	,	2.2 N		1	-
STREET ADDRESS	₹		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			2 40	CITY-S	ST-ZIP	
TITLE	4	DELETE	3.1 ₹	ITLE		☐ Change ☐ Addition
NAME	•		3.2 N	AME	1	
STREET ADDRESS	₹ -				ADDRESS	
CITY-ST-ZIP		DELETE	3.4. 0 4.1 Ti		ST-ZIP	Change Addition
TITLE Name	† 	ניין הכינונ	4.1 1		}	Change Addilic
STREET ADDRESS	4				ADDRESS	
CITY-ST-ZIP	1			ITY-S		
TITLE		DELETE	5.1 Ti		· All	☐ Change ☐ Addition
NAME	₹ •		5.2 N			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			5.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	**************************************		5.4 C	ITY-S	T-ZIP	
TITLE		DELETE	6.1 TI			Change Addition

CITY-ST-ZIP 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 of truspe 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 in address

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

4-30-918

***150.00

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FILED

Jun 30 1998 8:00am

Secretary of State