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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000002967

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90005 005 ***150.00

ADELMA	NN & ASSOCIATES, INC.				
Principal Place	e of Business	Mailing Address		I (45)(60) (15 (616) (611) agitt gellt gatt saut saut nave in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10172 NW 31ST COURT 10172 NW 31ST COURT FT. LAUDERDALE FL 33351 FT. LAUDERDALE FL 33351			DO NOT WRITE IN THIS SPACE	·	
				3. Date Incorporated or Qualifed	
				01/12/1998	ļ
O Dringing D	lace of Business	2a. Mailing Address			Applied For
	lace of Business	26			Not Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		\$8.7	5 Additional
22	m, 0.00.	27		Le Codiforto of Status Desired 1.1	Required
City & State		City & State			10-May Be
23		28			ed to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 30		Personal Property Tax. Yes	X No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent	
			81 Name	LAINE D. ADELMANN	/
TILLEM, SCOTT E			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
10 FAIRWAY DRIVE SUITE 219				72 NW 31 COURT	
DEE	RFIELD BEACH FL 33441		83		
			84 City	85 Z	ip Code
			FT.		33.57
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above-named corporation	poration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment as	its registered registered
office or r	egistered agent, or both, in the State t m familiar with, and accept the obligat	of Florida, Such change was author	Mizeu by the corporati	ions board of directors. Thereby adoces the appointment of	.09.0.0.
	iti iailillai witi, and docept the object	lions of, Section 607.0505, Fiorida	Statutes.	.//	
	an	tions of, Section 607.0505, Florida	Statutes.	1/19/99	
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Reg	statutes. Statutes. Statutes. Statutes.	when reinstaling) DATE	
	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NOTE: Reg D DIRECTORS	istered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	and title if applicable. (NOTE: Reg	statutes.	when reinstaling) DATE	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN PTD ADELMANN, RAYMOND C	at and title if applicable. (NOTE: Reg D DIRECTORS	istered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN PTD ADELMANN, RAYMOND C 10172 NW 31ST COURT	at and title if applicable. (NOTE: Reg D DIRECTORS	istered Agent signature require 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PTD ADELMANN, RAYMOND C 10172 NW 31ST COURT FT. LAUDERDALE FL 33351	nt and title if applicable. NOTE: Reg D DIRECTORS	istered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS CHANGES TO OFFICERS CHANGES TO OFFICERS AND DIRECTIONS CHANGES TO OFFICERS CHANGES CHANGES CHANGES TO OFFICERS CHANGES	TORS IN 12
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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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS