PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800009593

1. Corporation Name

ADJAL, INC.

Principal	Place	of	Business
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424 CROSSWINDS DR

Mailing Address

424 CROSSWINDS DR

May 06, 1999 8:00 am Secretary of State

05-06-1999 90031 019 ***150.00



PALM HARBOR FL 34683 PALM HARBOR FL 34683		1	DO NOT WRITE IN	THIS SPACE						
						3	Date Incorporated or Qualifed	11110 01 7100		
						"	01/29/1998			
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Number 59-3504639	T	Applied For	
21		26				,	2047 353		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	Certificate of Status Desired	,	5 Additional		
27		27			_	3.	Certificate of Status Desired	Fee	Required	
City & State		City & State	City & State			- 6:	Election Campaign Financing	-	00-May Be	
28						<u> </u>	Trust Fund Contribution		ed to Fees	
Zip	Country	⊢ `	Zip Country			8. This corporation owes the current year Intangible				
24	[25]					Personal Property Tax. 10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent		81	Name	10.	Name and Address of New Regist	ered Agent		
I AVII	DGE, ARTHUR								,,	
	CROSSWINDS DR.		-	82	Street Addre	ess (P	P.O. Box Number is Not Acceptable)			
PALM HARBOR FL 34683		H	83							
			ľ	55						
			1	84	City			FL	ip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the ab	ove	-named corpo	ration	n submits this statement for the purpo	se of changing	its registered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was auth ions of, Section 607.0505, Florid	nonzed a Statui	by t tes.	ne corporation	nspo	, ,	арронипен аз	registered	
	Anthia Carlle	,					4/29/99		ļ	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ri	egistered A	\gent	signature required					
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICER			
TITLE	D	☑ DELETE	1.1 TITL	Æ				☐ Chan	ge 🗌 Addition	
NAME	DODD, STACY		1.2 NAM	Æ					J	
STREET ADDRESS	424 CROSSWINDS DR.		1,3 STR	REET	ADDRESS				ļ	
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CIT		-ZIP					
TITLE	D	☐ DELETE	2.1 TIT	.Е				☐ Chan	ge 🗌 Addition	
NAME	LAVIDGE, ARTHUR		2.2 NAN	ИΕ						
STREET ADDRESS		424 CROSSWINDS DR. 23		2.3 STREET ADDRESS						
CITY-ST-ZIP	PALM_HARBOR_FL_34683		2.4 CIT		-ZIP				as [] Addition	
TITLE	D	□ DELETE	3.1 TIT					Chan	ge [] Addition	
NAME	BUTLER, KATHERINE C		3.2 NA	ME						
STREET ADDRESS	2103 BRIARMEAD		3.3 STF	REET	ADDRESS					
CITY-ST-ZIP	HOUSTON TX 77057	<u></u>	3.4. C/T		r-ZiP					
TITLE		☐ DELETE	4.1 TTU	.E				☐ Chan	ge 🗌 Addition	
NAME			4.2 NA	ME					1	
STREET ADDRESS			43 STF	REET.	ADDRESS				,	
CITY-ST-ZIP			4.4 CIT		-ZIP					
TITLE		☐ DELETE	5.1 TITI					Chan	ge 🗀 Addition	
NAME			5.2 NAV						ļ	
STREET ADDRESS			1		ADORESS				-	
CITY-ST-ZIP			5.4 CIT		- ZIP					
TITLE		☐ DELETE	6.1 TITI					Chan	ge 🗌 Addition	
NAME			6.2 NA							
STREET ADDRESS			6.3 STF	REET	ADDRESS					

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.

CITY-ST-ZIP