## 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 # P98000022259

1. Corporation Name

ADB DEVELOPMENT INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90080 048 \*\*\*150.00



					'I BECH ABICA LIBER ICAIR ISES:	01110 1911 1001
Principal Place	of Business	Mailing Address				
		13 ROYAL PALM WAY, UNIT BOCA RATON FL 33432	206	DO NOT WITH	TE IN THIS SPACE	
				Do NOT WKIT Do NOT WKIT Do NOT WKIT Do NOT WKIT	E IN THIS SPACE	$\overline{}$
				03/10/1998		
2. Principal Pla	ace of Business	2a. Mailing Address	w.bxt	4. FEI Number		plied For
21 13 ROUN	of Palin Way	26 13 Noype Pal	muny	162-0877714		ot Applicable
Suite, Apt. #	RATON 5-206	Suite, Apt. #, etc.	7	5. Certificate of Status Desired	1 1 7	Additional equired
City & State	ARATON FL.	City & State	on Fl	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Couptry	8. This corporation owes the curre	ent year Intangible	
<sub>24</sub>   33 <i>43</i>	25 PAIM	29 3343	o IALM	Personal Property Tax.	Yes	<b>X</b> No
<u></u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name	hony BONANNAD		
BON	anno, anthony			blo) e	——-(	
13 R	OYAL PALM WAY, UNIT 206		82 Street Addr	ress (P.O. Box Mimber is Not Acceptation	ay .	1
BOCA RATON FL 33432				177	<del>_</del>	
			84 City	A RATON FL	FL 85 334	ر <del>لا</del> الم
		, and 607 1509. Florida Statutos	the above semed core	oration submits this statement for the	1	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was auti	horized by the corporation	on's board of directors. I hereby accept	t the appointment as re	egistered
SIGNATURE						
	Signature, typed or printed name of registered agent		legistered Agent signature require		DATE AND DIRECTO	DDC IN 40
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	Change	Addition
TITLE	ST	☐ DELETE	1.1 TITLE	-	[_] Change	
NAME	BONANNO, RICHARD		1.2 NAME			
STREET ADDRESS	80 NICOLOSI DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	STATEN ISLAND NY 10312		1.4 CITY-ST-ZIP			
TITLE	Р	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	BONANNO, ANTHONY		22 NAME			j
STREET ADDRESS	13 ROYAL PALM WAY, UNIT 20	)6	- 2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432	-	2. 4 CITY+ST+ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
			3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			ļ
			4.3 STREET ADDRESS			
STREET ADDRESS			9			•
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	☐ Addition
TITLE			5.2 NAME			
NAME			5.3 STREET ADDRESS	•		,
STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP			Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change	C) Applifor
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET 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 than attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: