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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000027919

1. Corporation Name

, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADISON, INC.							
District Disco	of Business	Mailing Address	.				LOHAO HITHI HOOSO HULUI	
Principal Place		-						
6500 CYPRESS ROAD 6500 CYPRESS ROAD NO. 511 NO. 511								
PLANTATION FL 33317 PLANTATION FL 33317						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						03/25/1998		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		plied For
21		26				58-2382506		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	1
22		City & State				a Florida Compiles Figureira	\$5.00	
City & State	•	28				6. Election Campaign Financing Trust Fund Contribution	Added t	• 1
Zip	Country	Zip	Count	rv		8. This corporation owes the current year		
24	25	29	30	•		Personal Property Tax.	☐Yes	□No
[24]	9. Name and Address of Currer		1			10. Name and Address of New Register	red Agent	
			8	1 Name	+			
	nstein, steven l		9	2 Street	Addres	s (P.O. Box Number is Not Acceptable)		
	STIRLING ROAD, #101		`	2 Olicot	, riddi oo	S (1:0: Box (validas) is violated pre-		
/ coo	PER CITY FL 33024		8	3				
				4 City			85 Zip (Code
							FL.	
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the abo	ve-named	corpor	ation submits this statement for the purpos 's board of directors. I hereby accept the a	e of changing its	registered
office or re agent. Lai	egistered agent, or both, in the State in familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Statut	es.	Joration	s board of directors. This eby accept the a	ppomimonicas	8,0,0,0,0
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re				ent signature	required w	then reinstating) DAT	E	
12.							C AND DIDECTO	DC IN 12
		ID DIRECTORS	13.		T	ADDITIONS/CHANGES TO OFFICER		
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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.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR