

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90007 033 \*\*\*150.00

DOCUMENT # P98000037655

1. Corporation Name  
A.FICTION.ADO, INC.

Principal Place of Business

%RODNEY G ROMANO  
1450 S DIXIE HWY. SUITE 101  
BOCA RATON FL 33442

Mailing Address

%RODNEY G ROMANO  
1450 S DIXIE HWY. SUITE 101  
BOCA RATON FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

52-2098782

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 14 S. SWINTON AVE

Suite, Apt. #, etc.

22 City & State  
23 DELRAY BEACH, FL

24 Zip 33444 25 Country USA

2a. Mailing Address

26 14 S. SWINTON AVE

Suite, Apt. #, etc.

27 City & State  
28 DELRAY BEACH, FL

29 Zip 33444 30 Country USA

9. Name and Address of Current Registered Agent

ROMANO, RODNEY G  
%DHARMA  
1450 S DIXIE HWY, SUITE 101  
BOCA RATON FL 33442

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 14 S. SWINTON AVE

84 City

DELRAY BEACH

FL

85 Zip Code  
33444

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/SIO  
NAME WARRALL, ODETTE A.  
STREET ADDRESS 14 S. SWINTON AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE V/P  
NAME SMITHRA, ROBERT M. JR  
STREET ADDRESS 14 S. SWINTON AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE T/AS  
NAME WINTZAR, WILLIAM R.  
STREET ADDRESS 14 S. SWINTON AVE  
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: REQUIRED M. SMITHRA, JR 4/27/99 (561)243-2400

CR2E034 (11/98)