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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000057706

1. Corporation Name

ADGR ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address		I CAMPITANT COM IMIMI COLITY MONTE MANES DOTEL MONTE	81 91111 18811 18911 I	1911   3111   1821
1195 N.W. 81ST ST. 1195 N.W. 81ST ST.						
MIAMI FL 33150 MIAMI FL 33150			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 06/26/1998		•
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 991.90	<del></del>	lied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible	□No
24	25	29 3	<u>u</u>	Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Cur	rent Registered Agent	81 Name	12. Hallie Gild Addiese of Heat Mediatere		
AZA	ri, Karen					
1195 N.W. 81ST ST.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	•	
MIAMI FL 33150			83			
					, (a=  7:= 0	\
			84 City	F	L 85 Zip C	ode
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was autr ligations of, Section 607.0505, Florid	norized by the corporati la Statutes.	poration submits this statement for the purpose a ion's board of directors. I hereby accept the app	of changing its ointment as reg	registered pistered
office or r agent. I a SIGNATURE	registered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	ate of Florida. Such change was auth ligations of, Section 607.0505, Florid agent and title if applicable (NOTE: Ro	norized by the corporati a Statutes. egistered Agent signature require	on's board of directors. Thereby accept the app	omanem as reg	Jistered
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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 eceiver 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 a attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

MONATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

Addition