**PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

	1999 DIVISION OF CORPORATIONS				ons	_ \		02-22-19	99 9006	56 043 ***	150.00		
1, Corporatio	MENT # PS NAME ADIA PROPERTIES		1047										
Original Place	o of Business		iling Address			<del></del>	-	1 1 <b>1 0 0 1 1 0 1</b> 1 1 1 1	INNI INK PORTO	EII DBIII DBII	I I <b>le II d</b> ia se <b>diti del</b> in a	IDSI 1001 IOUS	
Principal Plac	STER DRIVE SOUTH		3 WESTCHESTER DRIVE	SOUTH									
CLEARWATER I			ARWATER FL 33761	300									
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ļ								38/14/1998	ed or Qualifed				
2 Presided P	Place of Business	22	Mailing Address			<del></del>		El Number	<del> </del>	<del>. ,</del> -	Api	olled For	┧
2, Principal P	1808 Of Dusiness	26	¬ -					59 38	3 617	6	No	Applicable	1
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				1-6		ative Dealered		\$8.75 A	dditional	]
22		27	<del></del>				5, 0	Certificate of S1	atus Desired		Fee Re	quired	1
City & Stat	le	City & State				T **	lection Camp	-		\$5.00			
23						rust Fund Cor			Added to	) Fees	┨		
Zip Country			Zip Country				8. This corporation owes the current year Intangible  ———————————————————————————————————						ſ
24	25	29 ess of Current Regis			ſ				iress of New I	Registered			]
<del>                                     </del>					81	Name							
SOROTA, JOSEPH J JR						Street Addr	Street Address (P.O. Box Number is Not Acceptable)						1
28100 US HWY 19 NORTH, SUITE 504												1	
	ARWATER FL 33761				83								
ì					84	City				FI	85 Zip C	ode	
			4 / 500 Ft 0		$\coprod$			autorita thia at	atomant for the	Number (	t changing its	renistered	┨
11. Pursuant office or r	to the provisions of Sec registered agent, or both im familiar with, and acc	tions 607.0502 and 6 , in the State of Florid	a. Such change was au	horized	bove-	nameu corp he corporatio	on's boa	rd of directors	I hereby acce	pt the appo	pintment as reg	benetai	
agent. I a	rm familiar with, and acc	ept the obligations of,	Section 607.0505, Florid	da Stati	ules.								1
SIGNATURE	Signature, typed or printed name	ed the medicipes to e	spolicable. (NOTE: F	legislared	Agenti	signature require	d when rein	vataling)		DATE			í
12.		FFICERS AND DIRE	CTORS	13.			ΑC	DITIONS/CH	ANGES TO OF	FICERS A			\$
TITLE	0		DELETE	1.1 111	n.E						Change	Addition	P2E034 /11/98)
NAME	MIZEL AARON A			12 NAME									1 8
STREET ADDRESS					1.3 STREET ADDRESS								ņ
CITY-ST-ZIP						<del>ZIF</del>	<del></del> -			<del></del>	Change	Addition	5
TITLE	Shaaron M. Phillips				21 TITLE 2.2 NAME			•	•			<del></del>	1
NAME STREET ADDRESS	1				2.3 STREET ADDRESS			-	<del>-</del>		•		
CITY-ST-ZIP					2.4 CITY-ST-ZIP							· <del></del>	[
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CITY-ST-ZIP				3.4.0	3.4. CITY-ST-ZIP							Addition	┨
mue			DELETE	41,TTLE 4,2NWE				<u></u>	<u> </u>		☐ Change		-
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Crty-ST-ZIP					TY-ST-	ZIP							ļ
TITLE	1		DELETE	6.1 TI	TLE						Change	☐ Addition	1

84 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.

6,2 NAME

6.3 STREET ADDRESS

TILE

NAME

STREET ADDRESS

Feb 22, 1999 8:00 am Secretary of State