PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000082273

1. Corporation Name

RICHARD ADELINE, P.A.

1999

Principal Place of Business

Mailing Address

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90059 043 ***150.00



1130 MILSHRE CIRCLE WEST PEMBROKE PINES FL 30027 PEMBROKE PINES FL 30027 PEMBROKE PINES FL 30027 DO NOT WRITTE IN THIS SPACE	r incipal r lac	oc or business	maining madroop			i i	
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Zig		ite .	City & State			6. Election Campaign Financing	\$5.00 May Be
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### ADELINE, RICHARD 1130 WILSHIRE CIRCLE WEST PEMBROKE PINES FL 33027 #### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### City #### City ###		Country	Zip	Cour	ntry	8. This corporation owes the current year Intan-	gible
Some and Address of Current Registered Agent	24	25	29	30		Personal Property Tax.	Yes No
ADELINE, RICHARD 1130 WILSHIRE CIRCLE WEST PEMBROKE PINES FL 33027 84 City FL 85 Zip Code 14. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florids Statutes. SIGNATURE Signature, typed to protein divarie of agent and time f appointment of registered agent and time f appointment of the purpose of changing its registered statutes. SIGNATURE Signature, typed to protein divarie of agent and time f appointment of the purpose of changing its registered statutes. SIGNATURE Signature, typed to protein divarie of agent and time f appointment of the purpose of changing its registered statutes. SIGNATURE Signature, typed to protein divarie of agent and time f appointment of agent and time f appointment as registered statutes. SIGNATURE Signature, typed to protein divarie of agent and time f appointment as registered agent and time f appointment as registered statutes. SIGNATURE Signature, typed to protein divarie of agent and time f appointment as registered agent and time f appointment as registered and time remarked. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGE STATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGE STATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGE STATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGE STATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGE STATURE ADDITIONS/CHANGE STATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGE STATURE ADDITIONS/CHAN		9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Ag	ent
1130 WILSHIRE CIRCLE WEST PEMBROKE PINES FL 33027 83 84 City FL 85 Zip Code					81 Name		
PEMBROKE PINES FL 33027 84 City FL 85 Zip Code 11. Fursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or board or agent agent, or board or agent agent, or board faired agent, or board or agent agent agent agent. In the agent				}	82 Street An	Idress (P.O. Box Number is Not Acceptable)	
Section Sections					Oli Got Ac	delega (1.10. don transper la trat nocopiable)	
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 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, or advantage was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and annually with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12	PEM	MBROKE PINES FL 33027		ļ	83		
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 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, or advantage was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and annually with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12					24 6"		OF Tip Code
11. Pursuant to the provisions of Seclions 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 office or registered agent, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE		r			84 City	FI. İ	as Zib Code
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, 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, or both, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12.	11 Pursuant	t to the provisions of Sections 607.0	502 and 607 1508. Florida	Statutes, the at	ove-named co	progration submits this statement for the purpose of ch	anging its registered
SIGNATURE	office or	registered agent, or both, in the Stat	te of Florida. Such change	was authorized	by the corpora	ation's board of directors. I hereby accept the appointr	nent as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	·		gations of, Section 607.050	oo, Fiorida Statt	Nes.		
12.	SIGNATURE		cent and title if applicable.	(NOTE: Registered	Agent signature requ	uired when reinstating) DATE	
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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 of an attachment with appendires, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

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