

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90044 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000093098

1. Corporation Name

A & D ENTERTAINMENT, INC.

Principal Place of Business

1900 OKEECHOBEE BOULEVARD
WEST PALM BEACH FL 33401

Mailing Address

1900 OKEECHOBEE BOULEVARD
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1998

4. FEI Number

65-0874418

Applied For

No 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 1900 OKEECHOBEE BLVD

Suite, Apt. #, etc.

22 SUITE A-1

City & State

23 WEST PALM BEACH

Zip

24 33401

Country

25

2a. Mailing Address

26 1900 OKEECHOBEE BLVD

Suite, Apt. #, etc.

27 SUITE A-1

City & State

28 WEST PALM BEACH

Zip

29 33401

Country

30

9. Name and Address of Current Registered Agent

G
JAKEBBIN, KATHRYN M ESQ.
1325 S. CONGRESS AVENUE
SUITE 104
BOYNTON BEACH FL 33426

81 Name

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

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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 D ☐ DELETE
NAME ADAMS, KENNETH C
STREET ADDRESS 13455 BRADFORD WHARF
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE D ☒ DELETE
NAME DOYLE, MICHAEL
STREET ADDRESS 159 GREGORY ROAD
CITY-ST-ZIP W PALM BEACH FL 33405

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P ☒ Change ☐ Addition
1.2 NAME ADAMS, KENNETH C.
1.3 STREET ADDRESS 13455 BRADFORD WHARF
1.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

2.1 TITLE D, S ☐ Change ☒ Addition
2.2 NAME LEFHOZE, ANGELA R.
2.3 STREET ADDRESS 2074 SW LARCHMONT LA.
2.4 CITY-ST-ZIP PORT ST. LUCIE FL 34984

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(2)(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 307, 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: KENNETH C. ADAMS, PRESIDENT. 4/22/99 561-625-3560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lifetime Phone #

CR2E034 (11/98)

0327085