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

DOCUMENT # P98000107995

ADARA R	EALTY SERVICE	ES, INC.										
Principal P'ac	ce of Business		Mailing A	Address						ALDI ve dik ve lot 1981		Lipi vili (88)
721 US HIGHWAY ONE. SUITE 209 N PALM BEACH FL 33480-			721 US HIGHWAY ONE. SUITE 209 N PALM BEACH FL 30400				DO NO	T WRITE IN TE	IS SPACE			
33408 33408						2			3. Date Incorporated or Qualifed			
									12/29/1998			
2. Principal P	Place of Business		2a. Mailir	ng Address					4. FEI Number		Ap	plied For
21			26	-					(2-08844)	દેવ	No	t Applicable
Suite, Apt.	#, etc.			, Apt. #, etc.					5. Certificate of Status Des	ired []	\$8.75	
22		27						Fee Required				
City & Stat	te	City & State								May Be		
23			28						Trust Fund Contribution		Added t	(Fees
Zip	Cou	ntry	Zip		Coui	ntry			8. This corporation owes t	ne current year	Intangible	MNo
24	25		29		30				Personal Property Tax. 10. Name and Address of	New Pegister		,25110
	9. Name and Add	ress of Current	Registered	Agent		81	Name		TO. Marine and Address Of	INEW INCRESSER	a Agent	
RE ES	SE, ALAN D										-	
	JS HIGHWAY ONE.				82	Street	Addr	ess (P.O. Bo) Number is Not /	(cceptable)			
	LM BEACH FL 334					 						
	33	408				83						
	•					84	City			F	85 Zip	Code
SIGNATUFE	Signature, typed or printed in	OFFICERS ANS	and title if applica		E: Registered	Agen	t signature	req lire	d when reinstating) ADDITIONS/CHANGES	DATE TO OFFICERS	AND DIRECTO	OF(S IN 12
TITLE	D	0111021107111	<u> </u>	DELETE	1.1 TIT	LE		Γ			☐ Change	☐ Addition
NAME	REESE, ALAN D				1 2 NA	ME						
STREET ADDRESS	721 US HIGHWAY	ONE, SUITE 2	209		13 ST	REET	ADDRESS					
CITY-ST-ZIP	N PALM BEACH F				1.4 CIT	Y-ST	Γ- <i>Ζ</i> 1Ρ	<u> </u>				
TITLE				☐ DELETE	2.1 TIT	LΕ					☐ Change	☐ Addition
NAME					2.2 NA	ME						
STREET ADDRESS					2.3 ST	REET	ADDRESS					
CITY-ST-ZIP					2. 4 Cl		T-ZIP	Ļ _				Addition
TITLE				☐ DELETE	3.1 TIT						Change	Addition
NAME:					3.2 NA							
STREET ADDRESS							ADDRESS					
TITLE	 			☐ DELETE	3 4. CI		1-212	 			Change	☐ Addition
l					4.2 N							
NAME STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	'				4.4 CIT							
TITLE	 			☐ DELETE	5.1 TIT			 			☐ Change	Addition
NAME					5.2 NA	ME						ļ
STREET ADDRESS					5.3 ST	REET	ADDRESS	i				
CITY-ST-ZIP					5.4 CIT	Y-ST	T-ZIP					
TITLE				☐ DELETE	6.1 TIT	LΕ		Γ			Change	Addition
NAME					6.2 NA	ME.						
STREET ADORESS	3				6.3 ST	REET	ADDRESS	1				

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 recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90208 048 ***150.00