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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT # \$11011 A.D.M. CREATIONS, INC. Principal Place of Business 2039 W COUNTRY CLUB DR 2228 227 A Mailing Address 2039 W COUNTRY CLUB DR 2228 A Mailing Address 2039 W COUNTRY CLUB DR 2228 A Mailing Address 2039 W COUNTRY CLUB DR 2228 A Mailing Address 2039 W COUNTRY CLUB DR 2228 A Mailing Address 2039 W COUNTRY CLUB DR 2228 A Principal Piaco of Business 2039 W COUNTRY CLUB DR 225 Suite, Apt. #, etc. Suite, Apt. #, etc. Cry & State 227 Cry & State 237 Country 248 A File Number 259 Country 269 Country 279 Country 289 Added to Fees 280 Address of Current Registered Agent LEBOWITZ, EOWARD 2837 B Country 289 Country 280 A This Corporation owes or has paid the our of Veer Intangible Personal Property fax due Juine 30. Address of New Registered Agent 10. Name and Address of New Registered Agent LEBOWITZ, EOWARD 2837 B Country 280 B City FL B Top Code 11. Pursuant to the provisions of Societies 607 0500 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 Fords Subtules, the above-named corporations board of directors. I hereby accept the appointment as registered agent in the State of CP 500, Florida Statutes and Address of CR 500, Florida Statutes B City FL B Country B	DOCUMENT # \$11011 (1) A.D.M. CREATIONS, INC. Principal Place of Business 2039 W COUNTRY CLUB DR 2238 N MANII BEACH FL 33180 2. Principal Place of Business N MANII BEACH FL 33180 2. Principal Place of Business 2. P	ANNUAL 19	10 C 10 C	Socretary of St DIVISION OF CORPO		Secretary of	of State		
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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 suppliemental 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if oblinger, or or an attachment with an address

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6 1 TITLE 6.2 NAME

5.4 CITY-ST-ZIP

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DELETE

DELETE

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954-922-5205

Change

Addition

Addition

FILED

Mar 13 1998 8:00am