

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90036 022 \*\*\*150.00

DOCUMENT # V25524

1. Corporation Name

ADALIO AND ADALIO, INC.

Principal Place of Business

930 LEE RD  
ORLANDO FL 32810  
US

Mailing Address

3427 CYPRESS POINT CIR  
ST CLOUD FL 34772  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1992

4. FEI Number

59-3114196

☒ Applied For  
☐ Not 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

21 930 LEE RD

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL.

Zip

24 32810

Country

25 ORANGE

2a. Mailing Address

26 10 3RD ST.

Suite, Apt. #, etc.

27

City & State

28 ST. CLOUD

Zip

29 34769

Country

30 FL.

9. Name and Address of Current Registered Agent

ADALIO, STEPHEN  
1628 CYPRESS WOODS CR.  
ST. CLOUD FL 34722

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 *Stephen Adalio Pres* STEPHEN ADALIO PRES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME ADALIO, STEPHEN

STREET ADDRESS 3427 CYPRESS POINT CIR

CITY-ST-ZIP ST CLOUD FL 34772

TITLE VPS ☐ DELETE

NAME ADALIO, LESLIE

STREET ADDRESS 3427 CYPRESS POINT CIR

CITY-ST-ZIP ST CLOUD FL 34772

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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(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.

SIGNATURE:

*Stephen Adalio Pres* STEPHEN ADALIO PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

407 957-3118

Daytime Phone #

CR2E034 (1/98)

0510628