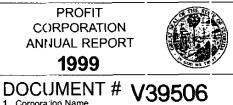
PROFIT CORPORATION ANNUAL REPORT 1999

ADRIA INTERNATIONAL, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-29-1999 90111 018 ***150.00



Principal Place of Business Mailing Address							─ ' 	ON BUILDON THE DEEL BUILL		81 018 010 8	#\$1 010 11 10#}	
2230 TONIWOOD LN			2230 TONIWOOD EN									
PALM HARBOR FL 34685			PALM HARBOR FL 34685					DO NOT WRITE IN THIS SPACE				
U\$			U\$				3 Date Iro	3. Date Ir corporated or Qualifed				
							05/27/					
2. Principal Place of Business			2a. Mailing Address				4. FEI Nun			Арр	ied For	
21			26				59-317	77196		Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					te of Status Desired		\$8.75 A		
22			27				J. Continent			Fee Red		
City & State			City & State					Campaign Financin	ıa □	\$5.00	· 1	
23			Zip Country				Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible					
Zip	Coun:	29	Zip J	30	шу			poration owes the c al Property Tax.	urrent year into		[]No	
24	9. Name and Add		<u></u>	1301				and Address of Nev	v Registered	Agent		
	or course area seems	<u> </u>			81	Name						
KANACKI, MILAN					82	Stroot Add	Adria Kanacki Nye Address (P.O. Box Number is Not Acceptable)					
2230 TONIWOOD LANE						Street Ad 1	16105 Craigend Place					
PALM HARBOR FL 34685												
					84	City				85 Zip C	ode	
						í Ođ	dessa		FL	. 3	355 <u>6</u>	
11. Pursuant	to the provisions of Se egistered agent, or bot	oove	-named ee	poration submits	this statement for t	he purpose of cept the appoir	changing its r ntment as red	registered iistered				
agent. I a	egistered agent, or bot m familiar with, and ac	cept the obligations	of, Section 607.0505, Fig	rida Stati	res	7 70.00	<i>J. J. J. J. J. J. J. J.</i>	100(0.0. 1 110(0.0)	oop:pp		,	
SIGNATURE	Adria Ka	nacki_Nye	(XIX	al	ZA	Caco!	- OLX	·	April	23, 1	999	
	Signature, typed or printed nar		· · · · · · · · · · · · · · · · · · ·	: Regintered	Agent	t signature requ r	red when reinstating)	NS/CHANGES TO	DEFICERS / N	D DIRECTOR	RS IN 12	
TITLE		OFFICERS AND DIF	DELETE	1.1 111	1 F		ADDITIC	NO/OFIANOLO TO	STITIOET CO	Change	Addition	
NAME I	KANACKI, MILAN				1.2 NAME							
STREET ADDRESS	TOMBUOOD (1)				1.3 STREET ADDRESS							
CITY-ST-ZIP	PALM HARBOR FI				1.4 CITY-ST-ZIP							
TITLE	P	<u> </u>					Preside	ent		XX Change	Addition	
NAME	KANACKI, ADRIA		2.2 N		2.2 NAME		Adria k	Kanacki N	ve			
STREET ADDRESS	2230 TONIWOOD	LN		2.3 ST	REET	ADDRESS		Craigend				
CITY-ST-ZIP	PALM HARBOR FI			2.4 C	TY-S	T-ZIP		. Florida				
TITLE			☐ DELETE	3.1 TIT	LE					☐ Change	☐ Addition	
NAME				3.2 NA	ME							
STREET ADDRESS				3.3 ST	REET	ADDRESS						
CITY-ST-ZIP				3.4. C	TY-S	T-ZIP					FT A class	
TITLE			☐ DELETE	4.1 TI	LΕ					Change	☐ Addition	
NAME				4. 2 NAME								
STREET ADDRE: S				4.3 STREET								
CITY-ST-ZIP	_ — — — — — — — — — — — — — — — — — — —		Document	4.4 CITY-S		r-ZIP				Change	Addition	
TITLE			☐ DELETE	LETE 5.1 TITLE 5.2 NAME								
NAMÉ						ADDRESS					\	
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CITY-ST-ZIP			☐ DELETE	6.1 TO						Change	Addition	
TITLE				6.2 N/		1				_ ,	_ ` ` \	
NAME						ADDRESS						
STREET ADDRES S				0.00	, :							

14. Thereby 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.

CITY-ST-ZIP

SIGNATURE: Adria Kanacki Nye

4/23/99

727-781-3983