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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #
1. Corporation Name

(4)

**FILED** Jan 26 1998 8:00am Secretary of State

A.D.I. MANAGEMENT AND REALTY INC.					A-G-1. S-E-1. B-1-1
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	T 10011 BILLOLI GIGIO LIBEL IGORI DILLI IGORI DILLI	ATAIN BERLI ATAIS ATAIS TOFT
570 57TH AVE. WEST. #107 PO BOX 10714					
BRADENTON FL 34207 BRADENTON FL 34282				DO NOT WRITE IN THIS:	SPACE
		U\$		3. Date Incorporated or Qualified	
				06/08/1992	
2. Principal P	lace of Business	2e. Mailing Address		4. FEI Number	Applied For
21		26		65-0381959	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	<del>-</del>		Fee Required
23	в	28		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the cur	<del></del>
24	25	29	30	` ·	Yes No
	9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
MA	RONE, ROVERT		81 Name		
570 57TH AVE WEST			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
<b>#1</b> €	<del>- •</del>		00		
BR/	ADENTON FL 34207		83		
			84 City	FL	85 Zip Code
11. Pursuant I	to the provisions of Sections 607 050	12 and 607.1508. Florida Statute	as, the above-named corr		changing its registered
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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered Agent signature requi	red when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	P	DELETE	1.1 TITLE		Change L Addition
NAME	MARONE, ROBERT	•	1.2 NAME		
STREET ADDRESS	9150 BLIND PASS RD., #305 SARASOTA FL 34242	1	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	0A74001A 1 £ 34242	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME OTREET ADDRESS			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY - ST - ZiP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	57 0 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.4 CITY-ST-ZIP		

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in