APPROVED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 1997 OCT 17 PM 4: 21 Secretary of State . DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE DOCUMENT # L84956 TALLAHASSEE, FLORIDA Action Development Associates, Inc. DBA Ar Duct Asephics Principal Place of Business Mailing Address 4700 HIATUS RUAD SWITE 357 3. Date Incorporated or Qualified 3a. Date of Last Report SUNRISE FL 3335/ 1990 1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0197198 4700 HATUS 16AD 26 Not Applicable Suite, Apt. #, etc. 357 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State Sunrise City & State 6. Election Campaign Financing \$5.00 May Be FLOCIDA 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032 ^{Zip} 333*5*] USA Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PETRINA SAINSBURY 82 Street Address (P.O. Box Number is Not Acceptable) 4421 NW 90 AVE LAUDER HILL R 33319 85 Zip Code City 11. Pursuant to the provisions of Sections 607-6502 and 607-1508, Florida Statutes, the above-pamed corporation submits this statement for the purpose of changing its registered office or requistered 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. MESIDENSI SAMSBURY OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT DELETE 111006 Change Addition DETRINA SAINSBURY 1.2 NAME

SIGNATURE 12. TITLE 600002325026--- 9 -10/20/97--01176--013 NAME 4421 NW 70AVE STREET ADORESS 1.3 STREET ADDRESS ****350.00 ****350.00 FL 33319 City - \$1 - 21P AUPCEHUL 1.4 C(TY - ST - ZIP) DELETE TITLE 2.1 TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS ****208.75 ****208.75 CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - \$1 - 7/P CITY-ST-7IP DETETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELF16 5 1 TITLE Change ___ Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C/TY - \$1 - ZIP CITY-ST-ZIP DELLTE TITLE 61 TILLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHTY-S1-ZIP CITY-ST-ZIP

14. To hereby certify that the information supplied with this filling 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 providence of the providence of 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 in attachment with an address.

SIGNATURE:

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PETRINASAINSBRY

(954)