

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34905** (0)

OK to pay m/f

1. Corporation Name
ADROIT U.S. PROPERTY CORPORATION



Principal Place of Business Mailing Address
**C/O AVANTI PROPERTIES GROUP
431 EAST HORATIO AVE., SUITE 210
MAITLAND FL 32751
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **08/01/1991** 3a. Date of Last Report **04/07/1995**
4. FEI Number **98-0080166** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 Signature typed or printed name of each agent and the corporation (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LOEB, DONALD E.	
STREET ADDRESS	%22 ST. CLAIR AVE. EAST	
CITY-ST-ZIP	TORONTO,ONT.,CANADA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, CHARLES	
STREET ADDRESS	%431 E. HORATIO AVE,#2 J	
CITY-ST-ZIP	MAITLAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSEN, DAWN	
STREET ADDRESS	%22 ST. CLAIR AVE. EAST	
CITY-ST-ZIP	TORONTO,ONT.,CANADA	
TITLE	TCO	<input type="checkbox"/> DELETE
NAME	COHEN, JUDITH LOEB	
STREET ADDRESS	%22 ST. CLAIR AVE. EAST	
CITY-ST-ZIP	TORONTO,ONT.,CANADA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHAPIRO, MARVIN M.	
STREET ADDRESS	%431 E. HORATIO AVE,#210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, DIANE G.	
STREET ADDRESS	%431 E. HORATIO AVE,#210	
CITY-ST-ZIP	MAITLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	AS
63 STREET ADDRESS	Childress, Janet
64 CITY-ST-ZIP	431 E. Horatio Ave, #210
	Maitland, FL 32751

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Charles Schwartz* Charles Schwartz, V.Pres. 4/3/96 407/628-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE PREPARED

CR2E034 (12/95)