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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P38337 (2)
Corporation Name
ADEPT ENTERPRISES, INCORPORATED



Principal Place of Business: 12855 OLD MERIDIAN, CARMEL IN 46032, US
Mailing Address: 12855 OLD MERIDIAN, CARMEL IN 46032-7106, US

2. Principal Place of Business: 1211 N WESTSHORE BLVD, TAMPA, FL 33607
2a. Mailing Address: 1211 N WESTSHORE BLVD, SUITE 204, TAMPA, FL 33607

3. Date Incorporated or Qualified: 04/15/1992
3a. Date of Last Report: 03/25/1996
4. FEI Number: 35-1740669
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: HYDEN, DANIEL W., 12495 TELECOM DRIVE, TAMPA FL 33637

10. Name and Address of New Registered Agent: HYDEN, DANIEL W., 1211 N. WESTSHORE BLVD STE 204, TAMPA FL 33607

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDEN, DANIEL W.	1.2 NAME	
STREET ADDRESS	12011 BRIGHTON AVENUE	1.3 STREET ADDRESS	8437 TALLAHASSEE DR NE
CITY-ST-ZIP	CARMEL IN	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROYMOVICH, PHILLIP	2.2 NAME	
STREET ADDRESS	9787 SUMMERLAKES DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROYMOVICH, ETELKA K.	3.2 NAME	
STREET ADDRESS	9787 SUMMERLAKES DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDEN, ANNA R.	4.2 NAME	
STREET ADDRESS	12011 BRIGHTON AVENUE	4.3 STREET ADDRESS	8437 TALLAHASSEE DR NE
CITY-ST-ZIP	CARMEL IN	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Daniel W. Hyden - DANIEL W. HYDEN 3/24/97 813/288-9111

CP2E034 (9/96)