

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

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90029 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000023507**

1. Corporation Name
AMERICAN ADA COMPLIANCE CORP.

Principal Place of Business Mailing Address
 P.O. BOX 491362 P.O. BOX 491362
 LEESBURG FL 34749-1362 LEESBURG FL 34749-1362



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/25/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3232337	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 25		29 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TED E. CARR 30912 AIRWAY ROAD SUITE B LEESBURG FL 34749				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARR, TED E	1.2 NAME			
STREET ADDRESS	P.O. BOX 491362 (N/A)	1.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34749-1362	1.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCABEE, NATHAN T	2.2 NAME			
STREET ADDRESS	% 611 DRUID ROAD EAST, STE. 707	2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34616-3969	2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: Ted E Carr 3/1/99 352-787-6813
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)