

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

FILED Jun 22 1998 8:00am Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000028582  
1. Corporation Name  
**Ad P. FINANCIAL SERVICES, INC**

Principal Place of Business: 2246-S.W. 24TH ACR. MIAMI, FLA 33145.  
Mailing Address: P.O. BOX 45332 MIAMI, FL 33245-3332

21. Principal Place of Business	22. Mailing Address
22. Suite, Apt. #, etc.	23. Suite, Apt. #, etc.
23. City & State	24. City & State
24. Zip	25. Country
25. Zip	26. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3-2-95 4-20-97

4. FEI Number: 05-0567997 Applied?  Not Applied?

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Elective Campaign Financing:  \$5.00 May Add to Fee

8. This corporation owns or has paid the current year Federal Personal Property Tax (see Form 990)  Yes  No

9. Name and Address of Current Registered Agent  
**E.W. ANDICH**  
12840-S.W 69TH Ct.  
MIAMI, FL 33156

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03. City
04. State
05. Zip Code

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 agent 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: *E.W. Andich*

12. OFFICERS AND DIRECTORS	
TITLE: <b>PO</b>	<b>E.W. ANDICH</b> <input type="checkbox"/> DELETE
NAME	<b>12840-S.W 69TH Ct.</b>
STREET ADDRESS	<b>MIAMI FLA 33156</b>
CITY-STATE-ZIP	
TITLE: <b>SECRETARY</b>	<b>JOANNA PARKER</b> <input type="checkbox"/> DELETE
NAME	<b>P.O. BOX 45332</b>
STREET ADDRESS	<b>MIAMI, FL 33245</b>
CITY-STATE-ZIP	
TITLE: <b>S/T/D</b>	<b>JOANNA PARKER</b> <input type="checkbox"/> DELETE
NAME	<b>2246 S.W. 24 TERRACE</b>
STREET ADDRESS	<b>MIAMI, FL 33145-3628</b>
CITY-STATE-ZIP	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
1.1 TITLE	<input type="checkbox"/> Delete <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information 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 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 on Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE: *E.W. Andich* PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **E.W. ANDICH** 4-20-98