


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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90100 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000043430

1. Corporation Name
THE ADBANK COMPANIES, INC.



Principal Place of Business 4901 NW 17TH WAY SUITE 407 FT LAUDERDALE FL 33309-3773	Mailing Address 4901 NW 17TH WAY SUITE 407 FT LAUDERDALE FL 33309-3773
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3840 W. HILLSBORO BLVD Suite, Apt. #, etc. 22 PMB 156 City & State 23 DEERFIELD BEACH FL Zip Country 24 33442 25 USA		2a. Mailing Address 26 3840 W. HILLSBORO BLVD Suite, Apt. #, etc. 27 PMB 156 City & State 28 DEERFIELD BEACH FL Zip Country 29 33442 30 USA		3. Date Incorporated or Qualified 05/22/1996	4. FEI Number 65-0670776	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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

MORGENSTERN, FRED E
~~4901 NW 17TH WAY SUITE 407~~
~~FT LAUDERDALE FL 33309-3773~~

10. Name and Address of New Registered Agent

81 Name **FRED E. MORGENSTERN**
 82 Street Address (P.O. Box Number is Not Acceptable) **3840 W. HILLSBORO BLVD PMB 156**
 83
 84 City **DEERFIELD BEACH FL** 85 Zip Code **33442**

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 *Fred E. Morgenstern* **FRED E. MORGENSTERN** DATE **04/28/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	M <input type="checkbox"/> DELETE
NAME	MORGENSTERN, FRED E
STREET ADDRESS	4901 NW 17TH WAY SUITE 407
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3840 W. HILLSBORO BLVD PMB 156
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Fred E. Morgenstern* **FRED E. MORGENSTERN** DATE **04/28/99** DAYTIME PHONE # **954 557-3651**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)