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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # S27127

(7)

1. Comoration Name

ADH INNOVATIONS, INC.

Principal Place of Business Mailing Address						TII (BBI AIRN AIRI AIRI	A MARIE ALBA MANIA ANNI
P O BOX 15341 P O BOX 15341 WEST PALM BEACH FL 33416 WEST PALM BEA			L 33416				
					3. Date Incorporated or Qualified 01/22/1991	3a. Date of Las 05/01) 1995
2. Principal Plac	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0249691	-	Applied For Not Applicable
Suite, April #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	7 -	.75 Additional
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zgo 4	Country [25]	Ζφ 29	Country		8. This corporation has liability for Florida Statutes	intangible tax unde	
11	9. Name and Address of Curre		<u> </u>		10. Name and Address of New I		
DIDECH			81	Name			
HIRSCHHORN, ANDREW 119 APPLEWOOD DRIVE			82 Street Addr		ress (P.O. Box Number is Not Acceptable)		
GREEN	ACRES FL 33463		83				
			84	,		FL 85	Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above r	named corporation's bo	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing	its registered office ered agent. I am
familiar with	, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.				• 9	
SIGNATURE	typiclure, typicd or printed havin of registered ago:	it and the Lappinable (NOTE	: Flagistered Ager	it Sejuatura racjoi	ired when reinstating	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
TIELE	HIRSCHHORN, ANDREW	DELETE	1 1 TITLE		Quantity and and	Char	nge 🔲 Addition
NAME	119 APPLEWOOD DRIVE		1.2 NAME		HIRSCHHORN, AN		13466
STREET ADDRESS	GREEN ACRES FL		13 STHEET	ADDRESS	WEST PALM BENCH	PL B	Total Control
COLY - ST - ZIP COLE		[] DELFTE	14 CITY - S 2 1 THILE	,1 - ZiP •	, , , , , , , , , , , , , , , , , , ,	☐ Char	nge [] Addition
NAME			2 2 NAME				
HIBERT ADDRESS			23 STREET	ADDRESS			
11 - ST - Z-P			24 CITY - S				
THE .		DELETE	3 1 TITLE			☐ Chai	nge 🔲 Addition
4AME			3.2 NAME				
STRUET ADDRESS			33 STREE	1 ADDRESS			
DINESTER		Fig. 6.51 F37	3 4 CITY - 5	il - ZiF		☐ C++	ana 🗔 Addit on
life t		☐ DELETE	4 1 TITLE			☐ Chai	nge 🔲 Addition
NAME CALLER ACCOUNTS			4.2 NAME 4.3 STREET	ADODECE			
STREET ACORESS			4.3.5 (NEE)				
DOLY - ST - ZIP DOLE		DELETE	5 1 TillE	<u> </u>		☐ Cha	nge 🔲 Addition
NAME			5.2 NAME	1			
STHEE ACURENS			53STREET	ADDRESS			
Dri y - ST - ZIP			5.4 CITY - 9	ST - 21P			
I'I.F		☐ DELETE	6 1 TIFLE			☐ Cha	nge 🔲 Addition
NAM!			6.2 NAME				
STREET ADQUEESS			6.3 STREET	ADDRESS			
CUTY SE ZHE	and the those that the first consider an arrange of	Local Atom Office to contract and and a contract	64 DITY-S		for the evenuation stated in Castion 116	07/3/W Florida C	talutes I further
certify that t	the information indicated on this and	nual report or supplemental <u>a</u> nnu	al report is tru	ue and accu	y for the exemption stated in Section 119 trate and that my signature shall have th	e same legal effect	as if made under
oatn, that I	am an officer or director of the corp Block 12 or Block 13 fothanged	oration or the receiver or to iste-	erripowered iss.	to execute t	this report as required by Chapter 607, F	iorida Statutes; an	a that my name
-proposed and	10 //	#- //			02/- 10-	(1	
SIGNATI	URE: Colle	mar-	 -		03/01/96	(YOZ) 586	5-5886
	SIGNATURE AND TYPED (DA PRINTED NAME OF SIGNING OFFICER	TOM DIRECTOR		(Care	- Dayana r	