

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S27127 (7)**
 1. Corporation Name
ADH INNOVATIONS, INC.



Principal Place of Business: P O BOX 15341 WEST PALM BEACH FL 33416
 Mailing Address: P O BOX 15341 WEST PALM BEACH FL 33416

3. Date Incorporated or Qualified: **01/22/1991**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **65-0249691**
 Applied For: Not Applicable
 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

2. Principal Place of Business: 21 []
 Suite, Apt. #, etc.: 22 []
 City & State: 23 []
 Zip: 24 [] Country: 25 []
 2a. Mailing Address: 26 []
 Suite, Apt. #, etc.: 27 []
 City & State: 28 []
 Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent
HIRSCHHORN, ANDREW
119 APPLEWOOD DRIVE
GREENACRES FL 33463

10. Name and Address of New Registered Agent
 81 Name: []
 82 Street Address (P.O. Box Number is Not Acceptable): []
 83 []
 84 City: [] FL 85 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 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: [] DATE: []

12. OFFICERS AND DIRECTORS
 D
 HIRSCHHORN, ANDREW
 119 APPLEWOOD DRIVE
 GREEN ACRES FL
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
 1 1 TITLE: []
 12 NAME: **HIRSCHHORN, ANDREW**
 13 STREET ADDRESS: **7720 BETH CIRCLE #**
 14 CITY - ST - ZIP: **WEST PALM BEACH, FL 33406**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed on an attachment with my address.

SIGNATURE: *Orlando Hull* 03/01/96 (409) 586-5886
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)