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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38337

(2)

ADEPT ENTERPRISES, INCORPORATED

## FILED Mar 12 1997 8:00am Secretary of State

l de la company de la company de la company					
Principal Place of Business		Mailing Address			
12855 OLD MERIDIAN		-12955-OLD-MERIDIAN			
<del>-101</del>		-101-			
CARMEL IN 48	032-	CARMEL IN 48032-7108		Date incorporated or Qualified	3a. Date of Last Report
<u> </u>				04/15/1992	03/25/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	#, etc. STE 201	26   211 N WEST	HOFF REA	D 35-1740669	Not Applicable
22 12.11 H	WESTSHORE BWD/	27 SUITE 2	.04	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & Stat	ÅA. FL	City & State	FL	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	ZID TAMPA	Country	Trust Fund Contribution	
24 336			30	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,
25 250	9. Name and Address of Current		, o	10. Name and Address of New Ro	
SUIDEN DANKS W					
4640E TELEGOMA DENTE				HIDEN, DANIEL  ddress (P.O. Box Number is Not Acceptal	<b>W</b> ·
					LUD STE 204
83				1	
			84 City		ler Zo Code
				AHPA	FL 85 Zip Code 33607
11, Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	and 607.1508, Florida Statutes of Florida. Such change was au- tions of, Section 607.0505, Flor	s, the above-named c ithorized by the corpo ida Statules.	orporation submits this statement for the paration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE				:	
	Signature typed or printed name of registered agent		Registered Agent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition
NAME	HYDEN, DANIEL W.	□ been	1.2 NAME	1	Divings L. Addition
STREET ADDRESS	42911 BRIGHTON AVENUE		1.3 STREET ADDRESS	8437 TALLAHASSEE	TO NE
CITY-ST-ZIP	-CARMEL-IN		1.4 CITY::\$1-ZIP	ST. PETER-SBURG F	
TITLE	W	DELETE	2.1 TITLE	PETCH-SOURCE , P	Change Addition
NAME	FROYMOVICH, PHILLIP	_	2,2 NAME	‡	<u> </u>
STREET ADDRESS	9787 SUMMERLAKES DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN		2. 4 CITY - ST - ZIP		
TITLE	DS	DELETE	3.1 TITLE		Change Addition
NAME	FROYMOVICH, ETELKA K.		3.2 NAME		
STREET ADDRESS	9787 SUMMERLAKES DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN		3.4. CITY - ST - ZIP		
TITLE	DT	DELETE	4.1 TITLE		Change Addition
NAME	HYDEN, ANNA R.		4. 2 NAME	<b></b>	
STREET ADDRESS	-12011-BRIGHTON-AVENUE-		4.3 STREET ADDRESS	8437 TALLAHASSEE	· _
CITY-ST-ZIP	-CARMEL-IN		4.4 CITY-SI-ZIP	ST. PETERSBURG	, FL 33703
TITLE		L_  DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 C(TY - S1 - 7(P		Change Addition
TITLE NAME		ן טנגנונ	6.1 TITLE 6.2 NAME		L⊒ onwings L⊒ Augition
STREET ADDRESS					
CITY-ST-ZIP			6.3 STREET ADDRESS		,
	by certify that the information supplied	with this filing does not qualify	6.4 CITY-ST-ZIP for the exemption sta	ited in Section 119.07(3)(i), Florida Statute	es. I further certify that the
informatio	on Indicated on this annual report or sup	pplemental annual report is tru he receiver or trustee empower	e and accurate and t red to execute this re	hat my signature shall have the same lega port as required by Chapter 607, Florida S	al effect as if made under oath; that