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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087626 (3)

ADUS ENTERPRISES INC.

CITY-ST-ZIP

Mailing Address Principal Place of Business 4849 NW 20TH PLACE 4849 NW 20TH PLACE COCONUT CREEK FL 33063-7750 COCONUT CREEK FL 33063 3a. Date of Last Report 3. Date Incorporated or Qualified 10/22/1996 2. Principal Place of Business 2a. Mailing Address FEI Number 65 0719696 Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζip Country This corporation has liability for intangible tax under s. 199.032, Yes Mo 24 Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PASCAL, ROBERT 300 SOUTHWEST SEVENTH AVE. Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33312 83 84 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 Signature, typed or printed name of registered agent and title 4 applicable (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) 13. DETELL 1.1 11116 Change Addition TITLE COOK, BRIAN S NAME CR2E034 1.2 NAME 4849 NW 20TH PLACE 1.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33063** CITY-ST-ZIP 1.4 CHY- ST- ZIP DELETE. Change Addition TITLE 2.1 TITLE PACE, STEVEN S NAME 22 NAME 2010 NE 34TH ST. STREET ADDRESS 2.3 STREET ADDRESS **LIGHTHOUSE PT FL 33064** CITY-ST-ZIP 2 4 City - St - ZiP DELFTE TITLE Change Addition 3.1 7011 OTTEN. DAVID W NAME 3.2 NAME 2010 NE 34TH ST. STREET ADDRESS 3.3 STREET ADDRESS LIGHTHOUSE PT FL 33064 CITY-ST-ZIP 3.4. CHTY - ST - ZIF DELETE Change Addition TITLE 4.1 Trice 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 C(1Y - ST - Z)P DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. I do 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

1/17/97