


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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **197050** (8)

1. Corporation Name
ADEIMY - WM D - INC OF WEST PALM BEACH

Principal Place of Business

**1201 OMAR ROAD
WILLIAM D ADEIMY
WEST PALM BEACH FL 33405**

Mailing Address

**1201 OMAR ROAD
WILLIAM D ADEIMY
WEST PALM BEACH FL 33405-1046**



3. Date Incorporated or Qualified 10/24/1956	3a. Date of Last Report 04/23/1996
4. FEI Number 59-0781779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**ADEIMY, WILLIAM D JR.
1201 OMAR ROAD
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name **J.M. ADEIMY**
82 Street Address (P.O. Box Number is Not Acceptable)
1201 OMAR ROAD
83
84 City **WEST PALM BEACH** FL 85 Zip Code **33405**

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 if applicable

(N/C) Registered Agent signature required when reinstating

DATE

Jeanne M. Adeimy 4-14-97

12. OFFICERS AND DIRECTORS

TITLE	PDTS	<input checked="" type="checkbox"/> DELETE
NAME	ADEIMY, WILLIAM D. JR.	
STREET ADDRESS	363 PINEWAY TERRACE	
CITY - ST - ZIP	WEST PALM BEACH 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ADEIMY, JEANNE M.	
1.3 STREET ADDRESS	363 PINEWAY TERRACE	
1.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33405	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97 (561) 832-6305

Date

Daytime Phone #

0296483

CR2E034 (9/96)