

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 273532 (2)  
1. Corporation Name  
AMERICAN DRYING SYSTEMS INC



Principal Place of Business Mailing Address  
1135 N W 159TH DRIVE 1135 N W 159TH DRIVE  
MIAMI FL 33169 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/10/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1030234	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

OLSEN, R.H.  
11900 BISCAYNE BOULEVARD  
SUITE 808  
MIAMI FL 33181

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADE, III, J F	1.2 NAME	
STREET ADDRESS	15-17 WHEELER AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMMONDSPORT NY	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASHMAN, SAM	2.2 NAME	
STREET ADDRESS	1135 N W 159TH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADE, D C	3.2 NAME	
STREET ADDRESS	1135 NW 159TH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, R H	4.2 NAME	
STREET ADDRESS	15-17 WHEELER AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMMONDSPORT NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, R H	5.2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	5.4 CITY-ST-ZIP	
TITLE	TM	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES	6.2 NAME	
STREET ADDRESS	1135 N W 159TH DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	6.4 CITY-ST-ZIP	

14. I 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: - DAVID C. MEADE - Vice President 4/21/98 205/645-2451

CR2E034 (10/97)