

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 400908

(0)

1. Corporation Name

A.D.R. INCORPORATED

Principal Place of Business

4348 WESTROADS DRIVE
W PALM BCH. FL 33407

Mailing Address

4348 WESTROADS DRIVE
W PALM BCH. FL 33407



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1972		3a. Date of Last Report 01/24/1995	
21		26		4. FEI Number 59-1501242		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23 Zip		28 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24		25		29		30	

9. Name and Address of Current Registered Agent

JESSELL, ELAINE
4348 WESTROADS DR
W PALM BCH FL 33407

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

Signature typed or printed name of person designated as registered agent

Signature typed or printed name of person designated as registered agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	
NAME	TUMOSZWICZ, LAURA M.	1.2 NAME	
STREET ADDRESS	4348 WESTROADS DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH. FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	
NAME	JESSELL, ELAINE S	2.2 NAME	
STREET ADDRESS	C/O 4348 WESTROADS DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH. FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 successor 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:

ELAINE S. JESSELL
ELAINE S. JESSELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-96

407/848-8696

DATE

DATE OF FILING

CR2E034 (12/95)