SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1997

(1)

ADSEC, INC.

Principal Place of Business

Mailing Address

FILED Aug 05 1997 8:00am Secretary of State



9000 SOUTHWEST 87TH COURT MIAMI FL 33176		9000 SOUTHWEST 87TH MIAMI FL 33176	9000 SOUTHWEST 87TH COURT MIAMI FL 33176		DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	3a. Date of Last Report
<u></u>					10/09/1975	07/18/1996
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1688717	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	} -		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Coun	try	This corporation owes or has pain Personal Property Tax due June	d the current year Intangible
	9. Name and Address of Curr		130		10. Name and Address of New Reg	
MO	PRTIMER, H. KASS			11 Name		
9000 S.W. 87TH COURT, SUITE 103				10 04		
MIAMI FL 33176				Street Add	dress (P.O. Box Number is Not Acceptab	(e)
				4 City		FL 85 Zip Code
OTTICE OF F	registereo agent, or both, in the Sta	ite of Florida. Such change was	s authorized	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	
agent. I a SIGNATURE	ım familiar with, and accept the obl	ligations of, Section 607.0505, F	lorida Statu	es.		.,
0.077710712	Signature, typed or printed name of registered	agent and title if applicable. (NC	OTE Registered /	gent signature requ	uired when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD CAN	DELETE	1.1 TITL			☐ Change ☐ Addition
NAME	HOCHBERG, SAM		1.2 NAV			
STREET ADDRESS	13675 SW 60TH AVENUE			ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158	T BELESS		- \$1 - ZIP		
TITLE	SD KASS MODINED	☐ DEFELE	2.1 TITLE	1		☐ Change ☐ Addition
NAME STREET ADDRESS	KASS, MORTIMER 6110 PARADISE POINT DRI	A/E	2.2 NAM			
STREET ADDRESS	MIAMI FL 33157	AC.		E1 ADDRESS		
CITY-ST-ZIP TITLE	MILANII FL 55 (5/	☐ DELETE	2. 4 CITY 3.1 TITLE	'-ST-ZIP		Change Addition
NAME		□ <i>DELLI</i> E	3.7 11/L1			Change Addition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	4.1 TOLE			Change Addition
NAME			4. 2 NAM			
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 (1)(4			Change Addition
NAME			-5.2 NAM			•
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	61 TITLE			Change Addition
NAME			62 NAM			
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CiTY	· S1 - ZIP		

14. Ido 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 chapted, or on an attachment with an address.