

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90172 023 \*\*\*150.00

DOCUMENT # 493088

1. Corporation Name

ADAM PRODUCTIONS, INC.

Principal Place of Business  
1177 KANE CONCOURSE (#231)  
BAY HARBOR ISLANDS FL 33154

Mailing Address  
1177 KANE CONCOURSE (#231)  
BAY HARBOR ISLANDS FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1975

4. FEI Number

59-1648198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

WOOLF, SHIRLEY, ESQ.  
2710 DOUGLAS RD  
CORAL GABLES FL 33133-9728

10. Name and Address of New Registered Agent

81 Name PAUL D. NOVACK, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)  
13899 BISCAYNE BLVD.

83

84 City NORTH MIAMI BEACH

85 Zip Code FL 33181

11. Pursuant to the provisions of Sections 607.0501 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

PAUL D. NOVACK

4/21/99

Signature typed or printed name of registered agent and title if applicable.

(NOT E-Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE V  
NAME TARAN, ADAMS  
STREET ADDRESS 1520 DAYTONIA ROAD  
CITY-STATE-ZIP MIAMI BEACH FL 33141

TITLE PD  
NAME TARAN, ROBERT S  
STREET ADDRESS 1520 DAYTONIA RD  
CITY-STATE-ZIP MIAMI BEACH, FL 00000

TITLE SD  
NAME TARAN, CAROLE K  
STREET ADDRESS 1520 DAYTONIA RD  
CITY-STATE-ZIP MIAMI BEACH, FL 00000

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME ADAM S. TARAN  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. TARAN

4/21/99

(305) 865-0363

Date

Daytime Phone #

CR2E034 (1/98)

0272794