## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # 620601**

1. Entity Name

ADIMAS MANAGEMENT CORP.

Mailing Address

Principal Place of Business ATTN: BILL WELDEN P.O. BOX 55465 BIRMINGHAM, AL 35255

ATTN: BILL WELDEN P.O. BOX 55465 BIRMINGHAM, AL 35255 FILED Feb 27, 2004 08:00 AM Secretary of State



01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1909574

Applied For Not Applicable

5. Certificate of Status Desired

N.

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

C T-CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reprotating)  DATE						
affective theore have no affected effect and more than the same that the same tenths and the same tenths are the same tenths and the same tenths are the same tenths and the same tenths are the same tenths a						
	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Final Trust Fund Contribution</li> </ol>		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME Street Address City-St-Zip	P FIELD, PETER W 1103 21ST STREET SOUTH BIRMINGHAM, AL 35205					
TITLE MAME STREET AODRESS CITY-ST-ZIP	VP WELDEN, WILLIAM B 1103 21ST STREET SOUTH BIRMINGHAM, AL 35205				U00000069661 03/01/04-80018-021 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CXTY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					<del>.</del>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director.						

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 10 or Block 11 if changed, or on an attechment with an address; with all other like empowered.

Out I fam. Some and the company of the control of t

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/6/04 (205)973-1020