

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 # 678713 (9)

1. Corporation Name
ADLER INVESTMENTS, INC.



Principal Place of Business
201 S. TAMiami TRAIL, HWY 41 SOUTH
RUSKIN FL 33570

Mailing Address
201 S. TAMiami TRAIL, HWY 41 SOUTH
RUSKIN FL 33570

3. Date Incorporated or Qualified 07/16/1980	3a. Date of Last Report 07/05/1995
4. FEI Number 59-2030126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P. O. Box 1008
22. City & State	27. Ruskin, FL 33570
23. Zip	28. 33570 Hillsborough
24. Country	29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIXON JR., CHARLES F.
1112 E. KENNEDY BLVD
TAMPA FL 33602

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code FL

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RUSSELL, ALICE 201 S TAMiami TRAIL RUSKIN FL	1.1 TITLE	Director
NAME		1.2 NAME	W. H. Russell
STREET ADDRESS		1.3 STREET ADDRESS	P. O. Box 1008, 201 S Tamiami Trail
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ruskin, FL 33570
TITLE	D GREWING, MARGARET ANN 111 BESSEMER CRCL. BRANDON FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DV DOBSON JR, THOMAS W 3007 SATURN DR ROME NY	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DST GREWING, DOUGLAS D 111 BESSEMER CRCL. BRANDON FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D DOBSON, MARY JANE R. 3007 SATURN DR ROME NY	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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 813/645-6416
Date Daytime Phone #

CR2E034 (12/95)