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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
201 S. TAMAMI TRAIL, HWY 41 SOUTH
RUSKIN FL 33570 **PO BOX 1008**
RUSKIN FL 33570-1008

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1980	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2030126		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

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

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 of person changing agent, agent, and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, ALICE	1.2 NAME	
STREET ADDRESS	201 S TAMAMI TRAIL	1.3 STREET ADDRESS	
CITY- ST- ZIP	RUSKIN FL	1.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GREWING, MARGARET ANN	2.2 NAME	
STREET ADDRESS	111 BESSEMER CRCL.	2.3 STREET ADDRESS	
CITY- ST- ZIP	BRANDON FL	2.4 CITY- ST- ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOBSON JR, THOMAS W	3.2 NAME	
STREET ADDRESS	3007 SATURN DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	ROME NY	3.4 CITY- ST- ZIP	
TITLE	DST ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GREWING, DOUGLAS D	4.2 NAME	
STREET ADDRESS	111 BESSEMER CRCL.	4.3 STREET ADDRESS	
CITY- ST- ZIP	BRANDON FL	4.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DOBSON, MARY JANE R.	5.2 NAME	
STREET ADDRESS	3007 SATURN DR	5.3 STREET ADDRESS	
CITY- ST- ZIP	ROME NY	5.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, W.H.	6.2 NAME	
STREET ADDRESS	PO BOX 1008, 201 S. TAMAMI TRAIL	6.3 STREET ADDRESS	
CITY- ST- ZIP	RUSKIN FL 33570	6.4 CITY- ST- 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.

SIGNATURE: *Alice W. Russell* 3/19/97 813/645-6416
ALICE W. RUSSELL Date: Daytime Phone:

CR2E034 (9/96)