


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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 PO BOX 1008 RUSKIN FL 33570
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/16/1980	
4. FEI Number 59-2030126		Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
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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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	RUSSELL, ALICE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS	201 S TAMiami TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP	
TITLE D	GREWING, MARGARET ANN <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Grewing, Margaret Ann
STREET ADDRESS	111 BESSEMER CRCL.	2.3 STREET ADDRESS	2213 Hickory Ridge Drive
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	Valrico, FL 33594-7211
TITLE DV	DOBSON JR, THOMAS W <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Dobson Jr., Thomas W.
STREET ADDRESS	3007 SATURN DR	3.3 STREET ADDRESS	9701 Meyer Forest Dr, No. 4202
CITY-ST-ZIP	ROME NY	3.4 CITY-ST-ZIP	Houston, Texas 77096
TITLE DST	GREWING, DOUGLAS D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Grewing, Douglas D.
STREET ADDRESS	111 BESSEMER CRCL.	4.3 STREET ADDRESS	2213 Hickory Ridge Drive
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	Valrico, FL 33594-7211
TITLE D	DOBSON, MARY JANE R. <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Dobson, Mary Jane R.
STREET ADDRESS	3007 SATURN DR	5.3 STREET ADDRESS	9701 Meyer Forest Dr, No. 4202
CITY-ST-ZIP	ROME NY	5.4 CITY-ST-ZIP	Houston, Texas 77096
TITLE D	RUSSELL, W.H. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS	PO BOX 1008, 201 S. TAMiami 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* **Alice W. Russell 3/17/98 813/645-6416**

CR2E034 (10/97)