FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (1) STEVEN ADAMS & ASSOCIATES INC

FILED Apr 23 1998 8:00am Secretary of State

OILALI	A ADAMO & ACCOCIATEON	1110				
Oringinal Place	of Bueingee	Mailing Addres	e			
Principal Place of Business		•				
8682 NW 44 ST C/O Lauren R. Mervis		8662 NW 44 S' C/O LAUREN F	C/O LAUREN R. MERVIS			
SUNRISE FL 33351		SUNRISE FL 33351				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 09/11/1980
2. Principal Pl	ace of Business	2a. Mailing Add	Iress			4, FEI Number Applied For
21		26				59-2034486 Not Applicable
Suite, Apt.	#, etc.	·	Suite, Apt #, etc.			5. Certificate of Status Desired See Required
22 City & Cante		27	City & State			
City & State	•	├─¬ '	t-7 '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7ln	Zip Country			8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes \(\sum \) No
241	9. Name and Address of Curre			L		10. Name and Address of New Registered Agent
ME	RVIS, LAURENCE R.	· · 		81	Name	ı 6
	7 N.W. 16TH ST.			82	Ctroot	et Address (P.O. Box Number is Not Acceptable)
	JDERHILL FL 33313				Street	et Address (F.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 a	m familiar with, and accept the oblig	ations of, Section 607	7.0505, Florida	a Statutes	· .	
SIGNATURE						ure required when rensigling) DATE
12.	Signature, typed or pointed name of registered as OFFICERS AN	ID DIRECTORS	(MOLE, HE	13.	uu signature	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		ELETE	1.1 TITLE		Change Addition
NAME	MERVIS, LAURENCE R.			1.2 NAME		
STREET ADDRESS	8662 NW 44TH ST			1.3 STREET	ADDRESS	s I
CITY-ST-ZIP	SUNRISE FL			1.4 CITY - ST - ZIP		
TITLE	TD DELETE		2.1 TITLE		Change Addition	
NAME	SHARTLE, JILL W.			2.2 NAME		
STREET ADDRESS	86 62 N.W. 44TH ST			2.3 STREET	ADDRESS	s '''
CITY-ST-ZIP	SUNRISE FL			2. 4 CITY - S	ST-ZIP	
TITLE	SD		DELETE	3.1 111LE		Change Addition
NAME	MERVIS, LOIS R.			3.2 NAME		
STREET ADDRESS	8662 N.W. 44TH ST			3.3 STREET	ADDRESS	s
CITY-ST-ZIP	SUNRISE FL	······································		3.4 CITY-5	ST-ZIP	
TITLE			DELETE	4.1 TITLE		L_I Change L_I Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET		\$
CITY-ST-ZIP			DELETE	4.4 CITY - S	T- ZIP	Change Addition
TITLE			PLUETE	5.1 TITLE		Li Grange Li Addition
NAME ATTECT ADDRESS				5.2 NAME	ADDOCCO	
STREET ADDRESS				5.3 STREET		»
CITY-ST-ZIP			DELETE	5.4 CITY - S 6.1 TITLE	1 - <i>L</i> iP	Change Addition
TITLE		البا		6.2 NAME		1 10011011
NAME CYDEET ADDRESS				6.3 STREET	ADDRESS	
STREET ADDRESS				6.3 STREET		8
CITY-ST-ZIP				0.4 0117 - 3	ol - Kit.	

14. Thereby 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 comparation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in chapted, or on an attachment with an address.

App. 16 1009 (05/1)7/11.