

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 686679 (2)
1. Corporation Name
JOHNSON, ADORNO & MCCALL, CHARTERED



Principal Place of Business

Mailing Address

209 NE 95TH ST #1
MIAMI SHORES FL 33138

209 NE 95TH ST #1
MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	9165 Park Drive	26	9165 Park Drive	09/05/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2024781	
City & State		City & State		Applied For	
23		28		Not Applicable	
Miami Shores FL		Miami Shores FL		5. Certificate of Status Desired	
Zip		Zip		8.75 Additional Fee Required	
33138		33138		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
24		29		5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		Personal Property Tax due June 30.	
JOHNSON, STEVEN J.		81 Name		Yes No	
209 NE 95TH ST, SUITE ONE		82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI SHORES FL 33138		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		1.1 TITLE			
NAME		1.2 NAME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY - ST - ZIP		1.4 CITY - ST - ZIP			
PD		9165 Park Drive			
JOHNSON, STEVEN		Miami Shores FL 33138			
209 NE 95TH ST #1					
MIAMI SHORES FL					
TITLE		2.1 TITLE			
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY - ST - ZIP		2.4 CITY - ST - ZIP			
STD		9165 Park Drive			
ADORNO, MARK		Miami Shores FL 33138			
209 NE 95TH ST STE 1					
MIAMI FL					
TITLE		3.1 TITLE			
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP		3.4 CITY - ST - ZIP			
TITLE		4.1 TITLE			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
TITLE		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 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: Steven A. Johnson

CR2E034 (10/97)