

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

FILED
Apr 23 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 # F43198 (3)
1. Corporation Name
ADAMS & SPEARS, P.A.



Principal Place of Business Mailing Address
940 HIGHLAND AVENUE 940 HIGHLAND AVENUE
ORLANDO FL 32803 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/02/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2119616	
24 Country		30 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADAMS, RICHARD H				81 Name			
940 HIGHLAND AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32803				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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, RICHARD H JR			12 NAME			
STREET ADDRESS	940 HIGHLAND AVENUE			13 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			14 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANSBRO, DEBORAH B			22 NAME			
STREET ADDRESS	940 HIGHLAND AVENUE			23 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			24 CITY-ST-ZIP			
TITLE	STD VPR	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPEARS, DOUGLAS C.			32 NAME			
STREET ADDRESS	940 HIGHLAND AVENUE			33 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			34 CITY-ST-ZIP			
TITLE	VPO	<input checked="" type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNOR, RICHARD D, JR			42 NAME			
STREET ADDRESS	940 HIGHLAND AVENUE			43 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 _____ 2/16/98 (407) 433-8111

CR2E034 (10/97)