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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F55417

IGNATIUS W. ADAMS, V.M.D., P.A.

(2)

FILED
Jan 31 1997 8:00am
Secretary of State



Principal Plac	ce of Business	Mailing Addre				1 162 ith this first brid brid brid then the state along the same and see			
1447 AP 102M MIKM SHORES	. 1 2 . 1 . 2	1447-RE-HOND WAY SHORES		se A	1 4101				
uaci Y级i	BRIDGE N. # 101 LOCGLLINS AVE LOCGLLINS AVE Jace of Business	331cr 1	FIRSTARIOS BALBRIOS BALIFARA	ا بداد م	is ave FLA	Date incorporated or Qualified 11/16/1981		ate of Last R 22/1996	eport
	lace of Business	2a. Mailing Ad			33114	4, FEI Number			pplied For
1	4 -1-	26	41			59-2135908			t Applicabl
Suite, Apt	#, elc.	Suite, Apt.	₩, OCC.		:	5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	le	City & State	е			Election Campaign Financing		\$5.00	<u> </u>
		28				Trust Fund Contribution		Added	
Zip	Country	Zip		Country	/	8. This corporation has liability for	_ ~ ~		. 199.032,
	25	29	30				Yes [
	g, Name and Address of Curre	nt Hegisterea Agen	ι	81	Name	10. Name and Address of New R	eðietaleo i	Agent	
	ITANA, JOHN ESQ., 01 BISCAYNE BLVD			L		:		.,,,,	
	MI FL			82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
1719-4	W711 1 6			83	<u> </u>		·····		
				-				100 7:0	0.4.
				84	City	•	FL	85 Zip	Code
2.		ID DIRECTORS	1	3.	erit signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND		
TITLE	PD			.1 TITLE				☐ Change	☐ Additi
NAME	ADAMS, IGNATIUS W		1	.2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP	MIAMI-FL DR. 8	MRS. IGNATI	US W. ADA	W.	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Additi
TITLE NAME	ADAMS, CAROL A. 10240	MRS. IGNATI BRIDGE NORT COLLINS AV IARBOUR, FL	FNIS 2	2 NAME		!		CT Ordings :	Land Fidelit
STREET ADDRESS	672-NE-78TH ST. BAL.I	IARBOUR, FL	83154 2	3 STREE	T ADORESS				
CITY-ST-ZIP	MIAMI FL*			4 CITY-					
IITLE			DELETE 3	.1 TITLE				☐ Change	Additi
IAME			,	.2 NAME					
STREET ADDRESS			1		T ADDRESS				
CITY-ST-ZIP				.4. CITY- .1 TUTLE	ST-ZIP			Change	Additi
NAME		J		. 2 NAME					
STREET ADDRESS					T ADDRESS				
DITY-ST-ZIP				4 City-	ST-ZIP				
TITLE			DELETE 5	1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Additi
NAME				2 NAME	İ				
STREET ADDRESS			•		T ADDRESS				
CITY - ST - ZIP				4 CITY-	ST-ZIP			Change	Additi
TITLE		L J		: 1 TITLE : 2 NAME				אומוער נייי	time route
name Street address					T ADDRESS				
OUTH OT THE				A PITV.					

14. I do 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

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1.23.97

305.864 7560

sytime Phone #

CR2E034 (9