SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F71298

1. Corporation Name

ADAM'S MANUFACTURING COMPANY

Principal Place of Business	Mailing Address
599 Kissimmee Avenue Ocoee, Fl 34761-2634	599 Kissimmee Avenue Ocoee, Fl 34761-2634

3. Date Incorporated or Qualified: 03/17/1982
3a. Date of Last Report: 05/01/1995
4. FEI Number: H92170656 (Applied For / Not Applicable)
5. Certificate of Status Desired: $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees
8. This corporation has liability for assessable securities (F.S. 517.07) Florida Statutes: Yes / No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt # etc. 22	Suite Apt # etc. 27
City & State 23	City & State 28
Zip: 24 / County: 25	Zip: 29 / County: 30

9. Name and Address of Current Registered Agent

Asma, William N.
886 South Dillard Street
Winter Garden, Fl 34787

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

11. Pursuant to the provisions of Section 607.0502 of the Florida Business Corporation Act, 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 that position as provided for in Section 607.0505, Florida Statutes.

SIGNATURE: William N. Asma 6/5/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Adams, Alain 559 Kissimmee Ave. Ocoee, Fl	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Schyns, Lucie 559 Kissimmee Ave. Ocoee, Fl	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE

13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change / Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change / Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change / Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100001864371 -06/18/96--01008--028 ***225.00	Change / Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change / Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change / Add

6-17-96 JR

CR2E034 (3/96)

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement is true and accurate and that my signature shall constitute an affirmation 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 with an address, with the exception of marked changes.

SIGNATURE: Lucie Schyns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucie Schyns