

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H13066** (6)

1. Corporation Name

BERT ADAMS ENTERPRISES, INC.



Principal Place of Business

**C/O BERTRAM C. ADAMS
11370 S.W. 60TH TERR.
MIAMI FL 33173**

Mailing Address

**C/O BERTRAM C. ADAMS
11370 S.W. 60TH TERR.
MIAMI FL 33173**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		

9. Name and Address of Current Registered Agent

**ADAMS, BERTRAM C.
11370 S.W. 60TH TERR.
MIAMI FL 33173**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

3. Date Incorporated or Qualified

07/13/1984

3a. Date of Last Report

04/20/1995

4. FEIN Number

59-2441039

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 intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature typed on the bottom of registered agent and the applicable

PROXY Registered Agent's name and address when applicable

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, BERTRAM C.		1.2 NAME		
STREET ADDRESS	11370 S.W. 60TH TERR.		1.3 STREET ADDRESS		
CITY, ST, ZIP	MIAMI FL		1.4 CITY, ST, ZIP		☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE		
NAME	ADAMS, MARY P.		2.2 NAME		
STREET ADDRESS	11370 S.W. 60TH TERR.		2.3 STREET ADDRESS		
CITY, ST, ZIP	MIAMI FL		2.4 CITY, ST, ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY, ST, ZIP			3.4 CITY, ST, ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY, ST, ZIP			4.4 CITY, ST, ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY, ST, ZIP			5.4 CITY, ST, ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY, ST, ZIP			6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bertram C. Adams* Bertram C. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 2, 1996 (305)271-0949

DATE

PHONE NUMBER

CP2E034 (12/95)