## 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 # H30158

(0)

ADAIR INVESTMENTS, INC.									
Principal Place	e of Business	Mailing Address				-	BIAN BIBN B		) <b>01011 1891</b>
280 HILLCREST OVIEDO FL 32785-8713		280 HILLCREST OVIEDO FL 32765-8713							
						3. Date Incorporated or Qualified 11/16/1984	1	ate of Last F 12/1996	Report
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		I A	pplied For
21		26				59-2713520			ot Applicab
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		4	Additional lequired
City & State	6.	City & State				6. Election Campaign Financing			May Be
700	Country	28 Zip	Coun	tru		Trust Fund Contribution			to Fees
Zipi 24	25	— — `	30	uy		8. This corporation has liability for it Florida Statutes	ntangible ] Yes [		s. 199.032,
24]	9. Name and Address of Curre		301			10. Name and Address of New Re			
ADA	IR, CHARLES W.			1 Na	me				
	HILLCREST		-	2 Str	eet Addre	ess (P.O. Box Number is Not Acceptab	le)	<del></del> -	
OVIE	DO FL 32785			3					
							···		
			6	4 Cit	у	:	FL	<b>85</b> Zip	Code
11. Pursuant office or r agent. La	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida. Such change was a pations of, Section 607.0505, Flo	s, the about uthorized rida Statu	ove-nar by the tes.	ned corpo corporati	oration submits this statement for the pon's board of directors. I hereby accept	urpose of the app	changing i cintment as	its registere registered
SIGNATURE	Signature: typed or printed name of registered ag	and and title if analouble (BIOTE	Posintered	honet size	anti en ennulen	d when reinstating)	DATE		
12.		ID DIRECTORS	13.	-deur aidi	intole lednis	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
THU!	P	DELETE	1.1 TITL	E				Change	Additio
NAME	ADAIR, GARY W.		1.2 NAM	1E					
STHEET ADDRESS	2341 PALM WAY		1.3 STR	EET ADDR	ess				
CHTY+ST+ZIF*	OVIEDO FL		1.4 CITY	-ST-ZIP					
TITLE	8	☐ DELETE	2.1 YITL	E				Change	Additio
NAME [	ADAIR, EVELYN C.		2.2 NAM	IE	- (				
STREET ADDRESS	2341 PALM WAY		2.3 STA	EET ADDR	ess				
Citr-St-7iP	OVIEDO FL	T oriete		Y-ST-ZIP		1		Observe	T Addie
THLE	V	☐ DELETE	3.1 TITE			-s <sub>.</sub>		☐ Change	Additio
NAME STATE ASSESSED	ADAIR, CHARLES W. 280 HILLCREST		3.2 NAM						
STREET ADDRESS	OVIEDO FL		1	EET ADDA	1				
CITY-ST-7IP TITLE	T	DELETE	4.1 TITL	Y•ST-ZIP E	<del></del>			Change	Addition
NAME	ADAIR, JUNE N.	<del></del>	4. 2 NA		}			-	
STREET ADDRESS	280 HILLCREST			EET ADDR	ESS				
CITY-S1-ZIP	OVIEDO FL			-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL			<u> </u>		☐ Change	☐ Additio
NAME			5.2 NAN	1E	-				
STREET ADDRESS			5.3 STR	EET ADDR	ess				
CITY - S1 - 70°			5.4 CiTy	-ST-ZIP					
TITLE		DELETE	6.1 TITL	E	i			Change	Additio
NAME			62 NAN		]				
STREET ADDRESS				EET ADDR	ESS				
CITY-ST-ZIP	an partile that the information of the	ed with this filing does not a will		-ST-ZIP	on atota	in Section 119.07(3)(i), Florida Statute	a I fronte-	oortifical-	tthe
informatio I am an o appears i	floer or director of the coloration of floer or director of the coloration of n Block 12 or Block 13 / changed	supplemental annual report is true the receiver or trustee empower on an attachment with an ard	ue and ac red to ex ress.	curate ecute I	and that his report	my signature shall have the same legal as required by Chapter 807, Florida S	i effect as tatutes; a	s if made un no that my	nder oath; the

SIGNATURE:

**FILED** 

May 14 1997 8:00am

Secretary of State