

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 10 PM 12: 50

DOCUMENT # **H35848** (1)

1. Corporation Name  
**ADAIR, FULLER, WITCHER & MALCOM, P.A. CERTIFIED  
PUBLIC ACCOUNTANTS**

Principal Place of Business	Mailing Address
TRADE CENTRE SOUTH 100 W CYPRESS CRK RD. STE 1045 FT. LAUD FL 33309 US	TRADE CENTRE SOUTH 100 W CYPRESS CRK RD. STE 1045 FT. LAUD FL 33309. 2140 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/28/1984</b>	3a. Date of Last Report <b>02/18/1994</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2474542</b>	Applied For Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	24	25
		29	30
		<b>33309.2140</b>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

TRADE CENTRE SOUTH  
100 WEST CYPRESS CRK RD, STE 1045  
FT. LAUD FL 33309

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
	FL 85 Zip Code <b>33309.2140</b>

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 signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAIR, MICHAEL R.	1.2 NAME	
STREET ADDRESS	155 N.W. 93 TERR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	1.4 CITY - ST - ZIP	<b>33071</b>
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULLER, STEVEN E.	2.2 NAME	
STREET ADDRESS	31050 SW 135 TERR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	2.4 CITY - ST - ZIP	<b>33330</b>
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITCHER, TERRELL W.	3.2 NAME	
STREET ADDRESS	9040 SW 54 ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	3.4 CITY - ST - ZIP	<b>33328</b>
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOM, WILLIAM A.	4.2 NAME	
STREET ADDRESS	8795 NW 55 PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	4.4 CITY - ST - ZIP	<b>33067</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(b), 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 addendum.

SIGNATURE: Michael R. Adair 2-6-95 (305) 491-9790  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Minimum 2)