

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 # **H35848** (1)

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



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

3. Date Incorporated or Qualified: **12/28/1984**
3a. Date of Last Report: **02/10/1995**
4. FEI Number: **59-2474542**
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 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **TRADE CENTRE SOUTH, 100 WEST CYPRESS CRK RD, STE 1045, FT. LAUD FL 33309**
10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (85).

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: ADAIR, MICHAEL R.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 155 N.W. 93 TERR.	CITY-ST-ZIP: CORAL SPRINGS FL	1.2 NAME	
TITLE: DVP	NAME: FULLER, STEVEN E.	1.3 STREET ADDRESS	
STREET ADDRESS: 31050 SW 135 TERR.	CITY-ST-ZIP: DAVIE FL	1.4 CITY-ST-ZIP	
TITLE: DS	NAME: WITCHER, TERRELL W.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9040 SW 54 ST.	CITY-ST-ZIP: COOPER CITY FL	2.2 NAME	
TITLE: DT	NAME: MALCOM, WILLIAM A.	2.3 STREET ADDRESS	
STREET ADDRESS: 8795 NW 55 PLACE	CITY-ST-ZIP: CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE: _____	NAME: _____	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.2 NAME	
TITLE: _____	NAME: _____	3.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.4 CITY-ST-ZIP	
TITLE: _____	NAME: _____	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.2 NAME	
TITLE: _____	NAME: _____	4.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.4 CITY-ST-ZIP	
TITLE: _____	NAME: _____	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2 NAME	
TITLE: _____	NAME: _____	5.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.4 CITY-ST-ZIP	
TITLE: _____	NAME: _____	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.2 NAME	
TITLE: _____	NAME: _____	6.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.4 CITY-ST-ZIP	

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Handwritten signature and date: AEB 5-1-96

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: *Michael R. Adair* Date: **4-29-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)