FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

J82697

(0)

ADAMS-ROBINSON ENTERPRISES OF FLORIDA, INC.

Principal Place of Business	Mailing Address				
926 GREAT POND DR. SUITE #2001 ALTAMONTE SPRINGS FL 32714	926 GREAT POND DR. SUITE #2001 ALTAMONTE SPRINGS	926 Great Pond Dr. Suite #2001 Altamonte Springs FL 32714		DO NOT WRITE IN TH	IS SPACE
US	US			3. Date Incorporated or Qualified 07/15/1987	
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21	26	26		59-2843577	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	⊢ , '''		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	p Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM			Name		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324		82	Street Ac	ess (P.O. Box Number is Not Acceptable)	
		83			
		84		F	
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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refirstating) DATE					

agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE								
12.	OFFICERS AND DIRECTORS	13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	ADAMS, MICHAEL	1.2 NAME						
STREET ADDRESS	926 GREAT POND DR., SUITE #2001	1.3 STREET ADDRESS						
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP						
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2. 4 CITY - ST - ZIP						
TITLE	☐ DELETE	3.1 TITLE	Change Addition					
NAME		3.2 NAME						
Street address		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY - ST - ZIP						
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY - ST - ZIP		4.4 CITY - ST - ZIP						
TITLE	DELETE	5.1 TITLE	Change Addition					
NAME		52 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY - ST - ZIP		6.4 CITY-ST-ZIP						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustible empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 ifeetang47. or on an extractive with a cadress.

SIGNATURE.

1/23/49

FILED

Jan 30 1998 8:00am

Secretary of State