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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K24901

(6)

A.D.S. CONSTRUCTION, INC.

FILED Feb 17 1998 8:00am Secretary of State

705-246-3312

'	ce of Business Mailing Address	1 -	* 1981817: 819 1181: 01818 10111 98:01 118: 81811 9:	Bil gibli bibli bible bible ibde
* ALTON DAVID STEWARD. JR % ALTON DAVID STEWARD. JR				
MIAMI EL STATA		DO NOT WRITE IN THIS SPACE		
US Homesteal H 33033 US		3. Date Incorporated or Qualified		
			05/27/1988	
⊢ :	Place of Business 28. Mailing Address	2	4. FEI Number	Applied For
Suite, Apt	1 - 2 - 2 - 2 - 1 - 1 - 2 - 2 - 2 - 2 -	<i>70</i> x	65-0057566	Not Applicable
22	27 7	00037	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	omested P 28 MIA	n/H/	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 330	223 Country Tip 3217	Country	8. This corporation owes or has paid the ci	
24 / 2 -	2) 25 29) / / 4 9. Name and Address of Current Registered Agent	10	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
Si	TEWARD, ALTON DAVID, JR	81 Name	10. Italia ala radives vi ilon ilogiesess) Agent
SIEVARIO, ALTON DAVID, OR				
AMALIC PLACET				
_	Humestand Fl 33033	63		
		84 City		11 71- O-4-
		111"	FI	L 85 Zip Code
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.				
, agent la	am familiar with, and accept the obligations of, Section 607.0505, Flori-	thorized by the corporati ida Statutes.	lion's board or oirectors. I hereby accept the ap	pointment as registered
SIGNATURE				
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE if OFFICE RS AND DIRECTORS	Registered Agent signature require 13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DP DELETE	13.	AUDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	STEWARD, ALTON DAVID, JR	1.2 NAME		m chaige m racion
STREET ADDRESS	-18021 OW 254 ST - 15920 SW 287 St	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMIFL Harasterd F1. 33033	1.4 CiTY - ST - ZiP		
TITLE	DV DELETE	2.1 TITLE		Change Addition
NAME	STEWARD, MARY	2.2 NAME	e e	
STREET ADDRESS	18021 OW 254 ST-15920 SL. 287 St.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL Homels of F1 33033	2 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3 % TITLE		Change Addition
NAME		3.2 NAME		
STREET ADORESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3 4. CITY - ST - ZIP		Channel Addition
NAME	End Decen	4.1 TITLE		Change Addition
STREET ADDRESS		4. 2 NAME		
CITY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 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 of indicated	certify that the information supplied with this filing does not qualify for too this appual report of supplicational annual report is true and accura-	the exemption stated in !	Section 119.07(3)(i), Florida Statutes. I further o	ertify that the information
indicated on this annual roport or supplemental annual roport 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				