


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

FILED

Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K91933 (7)					
1. Corporation Name ROBERT MCADAM CONSTRUCTION, INC.					
Principal Place of Business % ROBERT MCADAM 4172 LAKE WORTH ROAD LAKE WORTH FL 33461			Mailing Address % ROBERT MCADAM 4172 LAKE WORTH ROAD LAKE WORTH FL 33461		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6627 FOREST HILL BLVD Suite, Apt. #, etc. 22 WEST PALM BEACH, FL City & State 23 Zip 33413 Country PALM BEACH				2a. Mailing Address 26 6627 FOREST HILL BLVD Suite, Apt. #, etc. 27 WEST PALM BEACH, FL City & State 28 Zip 33413 Country PALM BEACH				3. Date Incorporated or Qualified 05/30/1989							
4. FEI Number 65-0125070				Applied For Not Applicable				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				5.00 May Be Added to Fees				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent MCADAM, ROBERT 4172 LAKE WORTH ROAD LAKE WORTH FL 33461								10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6627 FOREST HILL BLVD 83 WEST PALM BCH 84 City FL 85 Zip Code 33413							

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
PTS MCADAM, ROBERT 12272 - 68TH ST., N. W. PALM BCH. FL				MCADAM, ROBERT 136 VALENCIA ST. ROYAL PALM BEACH, FL 33411			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 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: Robert N. McAdam DATE: 1/16/98 5614392093

CR2E034 (10/97)