

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L31073 (4)
 1. Corporation Name
MARK ADAMS, INC.



Principal Place of Business Mailing Address
7191 30TH AVE NORTH 7191 30TH AVE NORTH
ST.PETERSBURG FL 33710 ST.PETERSBURG FL 33710-2913

3. Date Incorporated or Qualified **11/20/1989** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
 21 *same as above* 26 *same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip City
 24 25 29 30

4. FEI Number **59-2665121** Applied For
 Not Applicable
 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

9. Name and Address of Current Registered Agent
LEONARD, R. SAMUEL
1100 CLEVELAND ST
SUITE D-9TH FL
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL 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.

SIGNATURE: _____ DATE _____
 Signature, typed or printed name of registered agent and line # if applicable (NOTE: Registered agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'DOWD, NANCY LEE | 1.2 NAME | |
| STREET ADDRESS | 7191 30 AVE NORTH | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG FL | 1.4 CITY - ST - ZIP | |
| TITLE | STD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'DOWD, TERRANCE R. | 2.2 NAME | |
| STREET ADDRESS | 7191 30 AVE NORTH | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST PETERSBURG FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| 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 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 unchanged, or on an attachment with an address.

SIGNATURE: *Nancy O'Dowd* **4-29-97** **813-381-5610**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
NANCY O'DOWD

CR2E034 (9/96)