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PROFIT CORPORATION **ANNUAL REPORT**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED May 08 1998 8:00am

DOCUMENT # L61438 (2) BLISABETH ADAMS, P.A. Principal Place of Business C/O EUSABETH ADAMS 1500 PONSETTA AVE FORT MERS R. 2000 2. Principal Place of Business 2. Do NOT WRITE IN THIS SPACE 2. Principal Place of Business 2. Sulfa, Apt. 4, etc. 2. Cry & State 2. Cry		1998	DIVISION OF	CORPORAT	IONS	Secretary)1 2 t	ale
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FORT WYERS FL 33901 FORT WYER								
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Zep	City & State	0				8. Election Campaign Financing		
Country Zip Country Zip Country Zip Country R. This corporation owes or has paid the current year intengible Personal Property Tax Aud June 30. Yes Zip No	23					_		
ADAMS, ELISABETH 1520 POINSETTIA AVE. FORT MYERS FL 33901 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 agent, or both in the State of Florida. Such change was submits the statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was submits and decept the objection 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida. Such change was submits and decept the deplanation of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered spent in the financial state of the provisions board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida. Such change was submits this statement for the purpose of changing its registered depends on the financial state of 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 depends on the financial state of the purpose of changing its registered depends agent, or both in the State of the appointment as registered agent. SIGNATURE 12.	Zip	 	`	\vdash	ry	1		
ADAMS, ELISABETH 1520 POINSETTIA AVE. FORT MYERS FL 33901 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-nemed corporation submits this atterment 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 submits this atterment for the purpose of changing its registered egent. I am familiar with, and accept the orthigations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, Tipsed or press name of inequareal agent and sind in flaminication in the process of the process of income of income agent agent and sind flaminication. DELETE 11 TITLE DELETE 11 TITLE DELETE 11 TITLE DELETE 11 TITLE DELETE 21 TITLE DELETE 31 TITL	24			30				7 140
1820 POINSETTIA AVE. FORT MYERS FL 33901	AD.			8	1 Name			
FORT MYERS FL 33901 B3 B4 City FL B5 Zip Code T1. 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 agent. I am familiar with, and accopt the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or privational depositional sprint and state of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or privational depositional sprint and state it inspirates. T12: OFFICE RS AND DIRECTORS T13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T12. OFFICE RS AND DIRECTORS T11 TITLE T12 ADAMS, ELISABETH T13 ADAMS, ELISABETH T13 ADAMS, ELISABETH T13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T14 ADAMS, ELISABETH T15 ADAMS T15 ADAMS T17 ST - 2P T18 T17 ADAMS T18 T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADAMS T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADAMS T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADAMS T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADAMS T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADAMS T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADAMS T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADAMS T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADAMS T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADAMS T18 ADAMS T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADAMS T18 ADAMS T18 ADAMS T18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T18 ADAMS T18 AD				8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
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11. Pursuant to the provisions of Sections 607.05.02 and 607.1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In 1 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 607.6505, Florida Statutes. SIGNATURE Signature, hybrid in protein raine of registered agent and the fit implicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD ADMIS, ELISABETH 12. ADMITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE POST MYERS FL ITILE DELETE 1 11 ITILE ADMIS, ELISABETH 1.2 ITILE DELETE 2 1 ITILE Change Addition MAKE STREET ADORESS CITY-S1-2P TITLE DELETE 3 1 TITLE Change Addition Addition ADMIS, ELISABETH 1.2 ITILE Change Addition Addition Addition ADMIS STREET ADORESS CITY-S1-2P TITLE DELETE 3 1 TITLE Change Addition Addition ALCITY-S1-2P TITLE DELETE 5 1 TITLE Change Addition Addition ALCITY-S1-2P TITLE DELETE 5 1 TITLE Change Addition Addition ALCITY-S1-2P TITLE DELETE 5 1 TITLE Change Addition ACITY-S1-2P TITLE Change Addition Addition ADMIS ADMIS STREET ADORESS CITY-S1-2P TITLE DELETE 5 1 TITLE Change Addition ADMIS ADMIS STREET ADORESS CITY-S1-2P TITLE DELETE 5 1 TITLE Change Addition Addition ADMIS STREET ADORESS CITY-S1-2P TITLE Change ADMIS STREET ADORESS CITY-S1-2P TITLE Change ADMIS STREET ADORESS CITY-S1-2P TITL				[8]	3			
11. Pursuant to the provisions of Socions 607 0502 and 607.1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered effects of registered agent. I am familier with, and accopt the obligations of, Section 607.6505, Florida Statutes. SIGNATURE Signature, typed or present name of registered agent and stan if ingocable. (NOTE Registered Agent agents are squared when reinstating)				84	4 City	FI	85 Zip (Code
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Signature, typed or priced name of legistered Appert and path displaced Appert aground required when reinstating) CATE		m familiar with, and accept the obli	igations of, Section 607.0505, F	lorida Statute	es.			
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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	14. I hereby c	certify that the information supplied on this annual report or supplement	with this filing does not qualify	for the exem	ption stated in	n Section 119.07(3)(i), Florida Statutes. I further ourse shall have the same legal effect as if made ur	ertify that the	information at I am an