FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L87502** **(5)**

1. Corporation Name

ADAMS PROPERTY ENTERPRISES, INC.

Principal Place of Business

354 TUCKERTON LANE
JACKSONVILLE FL 32211

Mailing Address

354 TUCKERTON LANE
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: **07/16/1990**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-3030369** — 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 outstanding tax liabilities to the Internal Revenue Service: [ ] Yes [ ] No

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

ROTHSTEIN, SIMON D.
4417 BEACH BLVD.
SUITE 104, BROWARD BLDG.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 of the Florida Statutes, the undersigned corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the street address of the corporation's registered office and the name of the registered agent of the corporation in Florida are as follows:

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD [ ] DELETE
NAME	ADAMS, FORREST L.
STREET ADDRESS	354 TUCKERTON LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VSD [ ] DELETE
NAME	ADAMS, DORIS M.
STREET ADDRESS	354 TUCKERTON LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 of this report or in any attachment with an affiliation.

SIGNATURE: Doris M. Adams - VSD 4-16-96 (904) 721-3376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORIS M. ADAMS