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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L90278

(7)

ADAMS	& COMPANY, INC.	, ,			
Principal Place of Business 2141 MAIN ST., STE. P DUNEDIN, FL./ 34898 US Mailing Address 2141 MAIN ST., STE P DUNEDIN, FL./ 34898-5660 US				- 3 100011011 410 110111 0 0110 11101 11010 11111 0	JIBN 856N 21815 61817 61811 618N 1881
				3. Date Incorporated or Qualified 07/31/1990	3a. Date of Last Report 01/31/1996
— ı '	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3022795	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	2	City & State		6. Election Campaign Financing	\$5.00 May Be
23	T 6	28	0	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Z(p 29	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199,032.
24	9. Name and Address of Curr			10. Name and Address of New Reg	
VIVO	RI, WILLIAM F		81 Name		
	AKEVIEW COURT		82 Street Addr	ess (P.O. Box Number is Not Acceptable	le)
PALI	M HARBOR FL 34683		63		
			63		
			84 City		FL 85 Zip Code
office or n agent. Lai SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was au galions of, Section 607.0505, Flori	thorized by the corporati da Statutes.	oration submits this statement for the pi on's board of directors. I hereby accep	t the appointment as registered
12.	Signature hyperdion princed hamic of registered a	igent and little if applicable (NOTE: ND DIRECTORS	Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	700170107017110201001110	Change Addition
NAME	VIVIORI, WILLIAM		1.2 NAME		
STREET ADDRESS	30 LAKEVIEW CT		1.3 STREET ADDRESS		j
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	st Vivori, Jean W	☐ DELETE	2.1 TITLE		Change Addition
NAME	30 LAKEVIW CT		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	PALM HARBOR FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		. .∼
TITLE	VP	DELETE	3.1 TITLE		Change Addition
NAME	ADAMS, JANIS L		3.2 NAME		-
STREET ADDRESS	354 PHLOX DR		3.3 STREET ADDRESS		ļ
CHY+ST-ZIP	PALM HARBOR FL		3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		how	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZiP			5.4 CITY-\$T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ł
CITY- ST-7iF			64 CITY-ST-ZIP		

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filling 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.

4/1/97

FILED

Apr 14 1997 8:00am

Secretary of State

813.733.0855

paytime retone w

2E034 (9/96)