

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

FILED

May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M81430 (4)
1. Corporation Name
ADAM'S AUTO SERVICE, INC.

Principal Place of Business C/O RENE' G. VANDEVOORDE 1327 N. CENTRAL AVENUE SEBASTIAN FL 32958	Mailing Address C/O RENE' G. VANDEVOORDE 1327 N. CENTRAL AVENUE SEBASTIAN FL 32958
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1988	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0048963		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent VANDEVOORDE, RENE' G. 1327 N. CENTRAL AVENUE SEBASTIAN FL 32958		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CZARNECKI, EDWARD	11 TITLE	
NAME	7880 142ND WAY	12 NAME	
STREET ADDRESS	SEBASTIAN FL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	ST CZARNECKI, EDWARD	21 TITLE	
NAME	7880 142ND WAY	22 NAME	
STREET ADDRESS	SEBASTIAN FL	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	D CZARNECKI, ELIZABETH	31 TITLE	
NAME	7880 142ND WAY	32 NAME	
STREET ADDRESS	SEBASTIAN FL	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	C CZARNECKI, ADAM J	41 TITLE	
NAME	14150 81ST AVE.	42 NAME	
STREET ADDRESS	SEBASTIAN FL	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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: _____

4/29/98

CR2034 (10/97)