

2004 FOR PROFIT CORPORATION ANNUAL REPORT



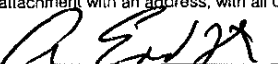
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Jan 15, 2004 8:00 am
Secretary of State

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01092004 Chg-P CR2E034 (10/03)

DOCUMENT # P92000000059					
1. Entity Name ADAMS & QUINTON, P.A.					
Principal Place of Business CAMINO REAL CENTRE 7300 WEST CAMINO REAL BOCA RATON, FL 33433 US			Mailing Address CAMINO REAL CENTRE 7300 WEST CAMINO REAL BOCA RATON, FL 33433 US		
2. Principal Place of Business 80 S.W. 8 Street Suite, Apt. #, etc. Suite 2150		3. Mailing Address 80 S.W. 8 Street Suite, Apt. #, etc. Suite 2150			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0364307	
Zip 33130		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JAMES D CAMINO REAL CENTRE 7300 W CAMINO REAL BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name A. Edward Quinton, III Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8 Street, Suite 2150 City Miami FL 33130		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  A. Edward Quinton, III 1/12/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUINTON, A EDWARD III 80 SW 8TH ST SUITE 2150 MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ADAMS, JAMES D 7300 W CAMINO REAL, STE 224 BOCA RATON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARETTI, KENNETH L 80 SW 8 ST SUITE 2150 MIAMI, FL 33130	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Vice Pres. A. Edward Quinton III 1/12/04 305-358-2727 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					