

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

FILED

Apr 27 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 # **P92000003920 (5)**

1. Corporation Name
ADERMAN & ASSOCIATES, INC.

Principal Place of Business
**11440 OKEECHOBEE BLVD
STE 203
ROYAL PALM BEACH FL 33411
US**

Mailing Address
**11440 OKEECHOBEE BLVD
STE 203
ROYAL PALM BEACH FL 33411
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0369865	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ADERMAN, JEFFREY C
148 BOBWHITE RD
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81	Name	Aderman, Jeffrey C.
82	Street Address (P.O. Box Number is Not Acceptable)	1771 Terrace Drive West
83		
84	City	Lake Worth
85	Zip Code	FL 33460

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 ☒

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	PVST
NAME	ADERMAN, JEFFREY C	1.2 NAME	Aderman, Jeffrey C.
STREET ADDRESS	148 BOBWHITE RD	1.3 STREET ADDRESS	1771 Terrace Drive West
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	1.4 CITY-ST-ZIP	Lake Worth, FL 33460
TITLE	D	2.1 TITLE	D
NAME	ADERMAN, JEFFREY C	2.2 NAME	Aderman, Jeffrey C.
STREET ADDRESS	148 BOBWHITE RD	2.3 STREET ADDRESS	1771 Terrace Drive West
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	2.4 CITY-ST-ZIP	Lake Worth, FL 33460
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: ☒

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