

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000020762 (9)

1. Corporation Name

ADMS CORPORATION

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

Principal Place of Business

2601 S. BAYSHORE DR.
19TH FL.
MIAMI FL 33133

Mailing Address

2601 S. BAYSHORE DR.
19TH FL.
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0403407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TERREMARK CORPORATE AGENTS INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
PENTHOUSE 1-B
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

COBER CORPORATE AGENTS, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

2601 So. Bayshore Dr., 19th Fl.

83

84 City

Miami

FL

85

Zip Code
33130

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

Signature typed or printed name of registered agent

RICHARD N. BERNSTEIN

12. Name and Address of New Registered Agent

1/20/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

FRENZ, JERRY E

STREET ADDRESS

12735 STONEPINE WAY

CITY, ST, ZIP

WELLINGTON FL 33414

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(3)(a), 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 and changed, or on an attachment with an address.

SIGNATURE:

JERRY E FRENZ

JERRY E FRENZ

7/18/95 (407) 798-9616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER