## 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

P93000049259 (3) **DOCUMENT #** 

ADELA CORP. Principal Place of Business Mailing Address 767 FIFTH AVE. 767 FIFTH AVENUE **50TH FLOOR 50TH FLOOR** NEW YORK NY 10153-0001 NEW YORK NY 10153 3. Date Incorporated or Qualified 3a. Date of Last Report 07/08/1993 05/01/1996 4. FFI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0485601 26 Not Applicable 21 Suite, Apt. #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORP. SYSTEM. INC. 81 Name 1201 HAYES ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 105 **TALLAHASSEE FL 32301** 83 Zip Code Carried and the control of the contr 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 Typed or praced name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 96/6) 13. DELETE Change Addition 1.1 TITLE THLE LINDEMANN, GEORGE L 1.2 NAME NAME 2855 HURLINGHAM DR. STREET ADDRESS 1.3 STREET ADDRESS WELLINGTON FL CITY - ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. If do 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 or aftachment with an address.

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SIGNATURE: By:

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Feb 19 1997 8:00am

Secretary of State

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