

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

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96 JUN 12 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: **AMERICAN DELIVERY SYSTEMS, INC.**

DOCUMENT # **P93000050580 (8)**

Mailing Address: **7400 STIRLING RD. SUITE 217 HOLLYWOOD FL 33024**

Principal Place of Business: **7400 STIRLING RD. SUITE 217 HOLLYWOOD FL 33024**

If above addresses are incorrect in any way, the following information and enter same in below:

2. Mailing Address	2a. Principal Place of Business
21. 6309 STIRLING RD	26. 6309 STIRLING RD
22. #195	27. #195
23. DAVIE, FL	28. DAVIE, FL
24. 33314	29. 33314

3. Date Incorporated or Qualified: 07/14/1995	3a. Date of Last Report
4. FEI Number: 65-0437733	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit Exempt from \$138.75 Supplemental Fee: <input type="checkbox"/>	8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BAILEY EDWARD L
7400 STIRLING RD.
SUITE 217
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1408, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

11. TITLE	D
12. NAME	COSMANO JEROME D
13. STREET ADDRESS	7400 STIRLING RD., SUITE 217
14. CITY - ST - ZIP	HOLLYWOOD FL 33024
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	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	D
12. NAME	COSMANO JEROME
13. STREET ADDRESS	6309 STIRLING RD #195
14. CITY - ST - ZIP	DAVIE, FL 33314
21. TITLE	SEC 1 TRUST
22. NAME	DEBORAH STEATZ
23. STREET ADDRESS	6309 STIRLING RD #195
24. CITY - ST - ZIP	DAVIE, FL 33314
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	

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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 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning securities law imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerome Cosmano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-30-96 X 305-722-4075