

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000058565 (1)**

1. Corporation Name  
**ADLER CONSTRUCTION, INC.**



Principal Place of Business	Mailing Address
7061 GRAND NATIONAL DR STE 117 ORLANDO FL 32819 US	7061 GRAND NATIONAL DR STE 117 ORLANDO FL 32819 US

3. Date Incorporated or Qualified <b>08/20/1993</b>	3a. Date of Last Report <b>02/21/1995</b>
4. FET Number <b>59-3197359</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>Lot 23, Dopey Dr</b>	26 <b>P O Box 22157</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>Lake Buena Vista FL</b>	28 <b>Lake Buena Vista FL</b>
Zip	Country
24 <b>32830</b>	25 <b>USA</b>
29 <b>32830</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>KIM, OK K</b> <b>7061 GRAND NATIONAL DR</b> <b>STE 117</b> <b>ORLANDO FL 32819</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>Lot 23 Dopey Dr</b>
		83	
		84 City	<b>Lake Buena Vista FL</b>
		85 Zip Code	<b>32830</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when not stated) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIM, OK K</b>	1.2 NAME	
STREET ADDRESS	<b>5145 LATROBE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RADCLIFF, DANIEL</b>	2.2 NAME	
STREET ADDRESS	<b>6212 MERRIDITH ERIN LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RENTFROW, MARK D</b>	3.2 NAME	
STREET ADDRESS	<b>1330 SWEETWOOD BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAGE, JOSEPH</b>	4.2 NAME	
STREET ADDRESS	<b>3023 ETTA CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL 32738</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: \_\_\_\_\_ DATE: \_\_\_\_\_ 407/ 827-5214

CR2E034 (12/95)