

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000070658 (8)

1. Corporation Name
ADLU, INC.



Principal Place of Business
2075 W FIRST STREET
SUITE 300
FORT MYERS FL 33901
US

Mailing Address
PO BOX 1020
FT MYERS FL 33902
US

3. Date Incorporated or Qualified 10/12/1993	3a. Date of Last Report 01/31/1995
4. FEI Number 65-0441224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

WILTSHIRE, WARREN B JR
2075 WEST FIRST STREET
SUITE 300
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL
85. Zip Code

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 type for person name of registered agent and the applicable (NOTE: Registered Agent signature is required when registering)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	1.2 NAME
3. STREET ADDRESS	1.3 STREET ADDRESS
4. CITY - ST - ZIP	1.4 CITY - ST - ZIP
5. TITLE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	2.2 NAME
7. STREET ADDRESS	2.3 STREET ADDRESS
8. CITY - ST - ZIP	2.4 CITY - ST - ZIP
9. TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY - ST - ZIP	3.4 CITY - ST - ZIP
13. TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY - ST - ZIP	4.4 CITY - ST - ZIP
17. TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY - ST - ZIP	5.4 CITY - ST - ZIP
21. TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. 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: *Warren B. Wilshire*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 941 334-9191
Date Daytime Phone

CR2E034 (12/95)