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Jun 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000087272 (9)

1. Corporation Name  
ADI PRESSTRAC, INC.



Principal Place of Business  
16731 MCGREGOR BLVD.  
SUITE 115  
FT. MYERS FL 33908

Mailing Address  
16731 MCGREGOR BLVD.  
SUITE 115  
FT. MYERS FL 33908-3878

3. Date Incorporated or Qualified  
12/22/1993  
3a. Date of Last Report  
04/01/1996

2. Principal Place of Business  
21 11595 Kelly Rd., #309  
Suite, Apt. #, etc.

2a. Mailing Address  
26 11595 Kelly Rd., #309  
Suite, Apt. #, etc.

4. FEI Number  
65-0467312  
Applied For  
Not Applicable

22 City & State  
23 Ft. Myers, FL

27 City & State  
28 Ft. Myers, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33908 25 Country  
29 33908 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAX CO.  
c/o Mahoney Adams & Criser, P.A.  
330 Barnett Center  
50 North Laura Street  
Jacksonville, FL 32202

81 Name  
MOTOLAW, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1301 Riverplace Blvd.  
83 Suite 1301  
84 City  
Jacksonville FL 85 Zip Code  
32207

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: *Peter Mahoney, as President* DATE: 5/17/97  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS  
TITLE: PDW  
NAME: WHITNEY, PAMELA J  
STREET ADDRESS: 1558 San Carlos Bay Drive  
CITY-ST-ZIP: SANIBEL ISLAND FL 33957  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [Change] [Addition]  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP [Change] [Addition]  
2.1 TITLE [Change] [Addition]  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP [Change] [Addition]  
3.1 TITLE [Change] [Addition]  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP [Change] [Addition]  
4.1 TITLE [Change] [Addition]  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP [Change] [Addition]  
5.1 TITLE [Change] [Addition]  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP [Change] [Addition]  
6.1 TITLE [Change] [Addition]  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address.

SIGNATURE: *[Signature]* 4/17/97 941-466-6166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)