

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 # P94000000618 (6)

1. Corporation Name
ADAMY, INC.



Principal Place of Business: 1400 VILLAGE SQUARE BLVD SUITE 3-146 TALLAHASSEE FL 32312
Mailing Address: 1400 VILLAGE SQUARE BLVD SUITE 3-146 TALLAHASSEE FL 32312

59-33 55252
4. Date Incorporated or Qualified: 01/04/1994
3a. Date of Last Report: 08/11/1995
4. F1 Number: APPLIED FOR
Applied For: Applied For, Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No

2. Principal Place of Business: 21 Suite Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**HYMAN, DON A
1400 VILLAGE SQUARE BLVD
SUITE 3-146
TALLAHASSEE FL 32312**

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

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	D HYMAN, DON A 1400 VILLAGE SQUARE BLVD SUITE 3-146 TALLAHASSEE FL 32312	<input type="checkbox"/> DELETE	
	D HYMAN, DIANNE E 1400 VILLAGE SQUARE BLVD SUITE 3-146 TALLAHASSEE FL 32312	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

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: Don A. Hyman, Sec. 4/28/96 847 2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)