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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Socretary of State DIVISION OF CORPORATIONS

1996

P94000014412 (8) **DOCUMENT #**

ADLAM ENTERPRISES, INC.

Principal Place of Business Mailing Address 851 E. STATE RD 434 851 STATE RD. 434, SUIE 156

LONGWOOD FL 32750				SUITE 156 LONGWOOD FL 32750			3.	3. Date Incorporated or Qualified			3a. Date of Last Report			
								1	02/22/1994	}	0	<i>5/01/</i>	/1995	
2. Principal Place of Business 2				a. Mailing Address				4.	4. FEI Number			L	Applied For	
21				26					NOT APP	LICABLE			Not Applicable	е.
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5.	Certificate of Statu	s Desired		-	75 Additional ee Required		
City & State			—— = : - 1	City & State				6. Election Campaign Financing \$5.00 May Be						
23	¬ '			28				Trust Fund Contribution				☐ Added to Fees		
23	Zip Country			Zip Coo				8. This corporation has liability for intangible tax under s. 199.032.						
24	1	25	29		30				Florida Statutes	Yes Yes				
•••	9, Name	and Address of Cur	rent Regist	ered Agent				10.	Name and Addre	ss of New R	egistered A	gent		
						81	Name							
ADLAM, DAVID A 851 STATE RD. 434, SUIE 156 LONGWOOD FL 32750						82	82 Street Address (P.O. Box Number is Not Acceptable)							
						83								
						84	City	_			FL	1	Zip Code	
1	Pursuant to the provis or registered agent, of familiar with, and according to the provision of the pro	sions of Sections 607.0 r both, in the State of F ept the obligations of, S	donala Such	: change was authori	izea by tri	bove n e com	anied corp bration's bo	oration s pard of di	submits this statem irectors. I hereby a	ent for the pur ecept the app	pose of cha pintment as	nging i registe	ts registered offi red agent. I am	ce
S	IGNATURE		court and the fi	attention de	JOTE: Blookle	eon Alen	signature rodji.	area when re	्रा संबद्धाः अ ^र णाद्धो		DATE			
Signature Specifies spread or protect dame of regions of adjunction of protections and state of order or the specifies. 12. OFFICERS AND DIRECTORS 13.						TO STATE OF THE PROPERTY OF TH					OTORS IN 12			
12. QITIOCHO AND DI						1 T(T) F		Change Addition)	

Signature: typed or printed name of registeric dayler hand sticl in dispersions. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1 1 TITLE	Change Addition			
NAME	ADLAM, DAVID A		1.2 NAME				
STREET ADDRESS	4439 SCENIC LAKE DRIVE		1 3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY - ST - ZIP				
THILE	D	DELETE	2 1 TiTLE	Change Addition			
NAME	ADLAM, SYBIL D		2.2 NAME				
STREET ADDRESS	4439 SCENIC LAKE DRIVE		2.3 STHEET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32808		2 4 CITY - ST - ZIP				
TITLE	D	☐ DELETE	3 1 THLE	Change Addition			
NAME	ADLAM, JOSHUA E		3.2 NAME				
STREET ADDRESS	4321 NW 4 ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		34 CITY - S* - Z/P				
TITLE .		□ DELETE	4 1 liftE	Change Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY · ST · ZIP	C Change C Midition			
TITLE		DELETE	5 1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		.,	5 4 CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE		DELETE	6 1 TITLE	Change Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			64 CITY - ST - ZIP				

14. Ido 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 certify 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 manged or on an attachmenta with an address.

SIGNATURE:

410/96 339-4788