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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000014412 (8)

1. Corporation Name
ADLAM ENTERPRISES, INC.

Principal Place of Business

851 STATE RD. 434, SUITE 156
LONGWOOD FL 32750

Mailing Address

851 E. STATE RD 434
SUITE 156
LONGWOOD FL 32750-5365



2. Principal Place of Business

21 6922 Woodlake Dr

Suite, Apt. #, etc.

22 City & State
Orlando, FL

23 Zip
32810

24 Country
ORANGE

2a. Mailing Address

26 P.O. Box 607427

Suite, Apt. #, etc.

27 City & State
Orlando, FL

28 Zip
32860-7427

29 Country
Orlando

3. Date Incorporated or Qualified

02/22/1994

3a. Date of Last Report

04/18/1996

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

ADLAM, DAVID A
851 STATE RD. 434, SUITE 156
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

David Adlam

82 Street Address

6922 Woodlake Dr

83

84 City

Orlando

FL

85 Zip Code
32810

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ADLAM, DAVID A
STREET ADDRESS
4439 SCENIC LAKE DRIVE
CITY - ST - ZIP
ORLANDO FL 32808

TITLE ☐ DELETE

NAME
ADLAM, SYBIL D
STREET ADDRESS
4439 SCENIC LAKE DRIVE
CITY - ST - ZIP
ORLANDO FL 32808

TITLE ☐ DELETE

NAME
ADLAM, JOSHUA E
STREET ADDRESS
4321 NW 4 ST.
CITY - ST - ZIP
PLANTATION FL 33317

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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 REQUIRED *David Adlam*

Date *5/18/97*

Daytime Phone # *407 291-0697*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)