

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000015054 (7)

1. Corporation Name
AMERICAN DISTINCTIVE COMMUNICATIONS, INC.

Principal Place of Business

P O BOX 2092
WINDERMERE FL 34786
US

Mailing Address

P O BOX 2092
WINDERMERE FL 34786-2092
US



3. Date Incorporated or Qualified 02/21/1994 3a. Date of Last Report 02/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 P.O. Box 547192	26 P O Box 547192	59-3226146	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
33154	USA	33154	USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

GLEN, LUKE
7750 SUGARBEND DR
ORLANDO FL 32810

CHANGED TO

81 Name LUKE GLEN
82 Street Address (P.O. Box Number is Not Acceptable) 3100 N.E. 190th Street
83
84 City AVENTURA FL 85 Zip Code 33180

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE *[Signature]* LUKE GLEN DATE 4/22/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	1.1 TITLE	LUKE GLEN
NAME	LUKE, GLEN	1.2 NAME	
STREET ADDRESS	7750 SUGARBEND DR	1.3 STREET ADDRESS	3100 N.E. 190th Street
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE 4/22/97

CR2E034 (9/96)