

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000060834 (6)

1. Corporation Name

ADA PLANNING CONSULTANTS, INC.



Principal Place of Business

Mailing Address

10700 N KENDALL DR
SUITE 400
MIAMI FL 33176

10700 N KENDALL DR
SUITE 400
MIAMI FL 33176

3. Date Incorporated or Qualified

08/18/1994

3a. Date of Last Report

10/30/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

65-0614718

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

10. Name and Address of New Registered Agent

SPRECHER, ROBERT C
10700 N KENDALL DR
SUITE 400
MIAMI FL 33176

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and date of filing

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DP
STREET ADDRESS TAKIEDDINE, IMAD
CITY-ST-ZIP 8415 S.W. 107 AVE. #366W
MIAMI FL 33173

TITLE ☐ DELETE
NAME DV
STREET ADDRESS SPRECHER, ROBERT C
CITY-ST-ZIP 10700 N. KENDALL DR. #400
10700 N. KENDALL DR. 3400

TITLE ☐ DELETE
NAME DSV
STREET ADDRESS CRUMBLEY, LOY L
CITY-ST-ZIP 8038 MADEIRA CT. S.
ORLANDO FL 32836

TITLE ☐ DELETE
NAME S
STREET ADDRESS BURNS, CATHY ANN
CITY-ST-ZIP 8798 PINE BARRENS DR.
ORLANDO FL 32817

TITLE ☐ DELETE
NAME T
STREET ADDRESS SUID, PAUL R
CITY-ST-ZIP 5820 CASTLEGATE AVE.
DAVIE FL 33331

TITLE ☐ DELETE
NAME VP
STREET ADDRESS RENEGAR, CHRISTOPHER D
CITY-ST-ZIP 9750 S.W. 216 TERR.
MIAMI FL 33190

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 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 as an attachment with an address.

SIGNATURE:

Paul R. Suid

PAUL R. SUID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

DATE

305-279-2298

Daytime Phone #

CR2E034 (12/95)