

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000062114 (1)

1. Corporation Name
ADJO, INC.



Principal Place of Business 6925 SKYLINE DR. DELRAY BEACH FL 33446	Mailing Address 6925 SKYLINE DR. DELRAY BEACH FL 33446-2209
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2. Principal Place of Business 21 PO Box 811236 Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 811236 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/18/1994	3a. Date of Last Report 04/24/1996
22 City & State 23 Boca Raton, FL		27 City & State 28 Boca Raton, FL		4. FEI Number APPLIED FOR 65-065 8396	Applied For Not Applicable
24 Zip 33481		25 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26 City & State 27 Boca Raton, FL		28 City & State 29 Boca Raton, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip 33481		30 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOSHUA LLOYD 6925 SKYLINE DRIVE DELRAY BEACH FL 33446		10. Name and Address of New Registered Agent 81 Name David Stearns, Esq 82 Street Address (P.O. Box Number is Not Acceptable) 1300 North Federal Highway 83 Suite 201-A 84 City Boca Raton FL 85 Zip Code 33432	
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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 David B. Stearns DATE 4-15-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSHUA LLOYD	1.2 NAME	
STREET ADDRESS	6925 SKYLINE DRIVE	1.3 STREET ADDRESS	4284 NW 29th way
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Boca Raton FL 33434
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Joshua Lloyd DATE: 4/15/97 954-415-0538

CR2E034 (9/96)