

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

FILED

May 08 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 # P94000068582 (3)

1. Corporation Name

ADEPT SYSTEMS, INC.



Principal Place of Business

3408 PINEHAVEN CIRCLE
BOCA RATON FL 33431

Mailing Address

3408 PINEHAVEN CIRCLE
BOCA RATON FL 33431-5404

2. Principal Place of Business

21 20887 N SPRINGS TER

Suite, Apt. #, etc.

22

23 BOCA RATON FL

24 33428-1453

25 USA

2a. Mailing Address

26 20887 N SPRINGS TER

Suite, Apt. #, etc.

27

28 BOCA RATON FL

29 33428-1453

30 USA

3. Date Incorporated or Qualified

09/14/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0537713

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

FOX, LEO A
133 BOCA RATON RD.
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME SMITH, SAMUEL
STREET ADDRESS 20887 SPRING TERR
CITY - ST - ZIP BOCA RATON FL 33431

TITLE VP ☐ DELETE

NAME DUNN, STANLEY
STREET ADDRESS 3408 PINE HAVEN CIRCLE
CITY - ST - ZIP BOCA RATON FL 33431

TITLE S ☐ DELETE

NAME SMITH, ALLISON
STREET ADDRESS 20887 SPRING TERR
CITY - ST - ZIP BOCA RATON FL 33431

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 P ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 20887 N SPRINGS TER
1.4 CITY - ST - ZIP BOCA RATON FL 33428-1453

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE S/T ☒ Change ☐ Addition

3.2 NAME Smith, Alison Moore
3.3 STREET ADDRESS 20887 N SPRINGS TER
3.4 CITY - ST - ZIP BOCA RATON FL 33428-1453

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

561-487-6894

CR2E034 (9/96)