

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
20887 N. SPRINGS TER
BOCA RATON FL 33428-1453
US

Mailing Address
20887 N. SPRINGS TER
BOCA RATON FL 33428-1453
US

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|----------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 21271 Waycross Dr | | 26 21271 Waycross Dr | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 Boca Raton FL | | 28 Boca Raton FL | |
| Zip | Country | Zip | Country |
| 24 33428-4861 | 25 USA | 29 33428-4861 | 30 USA |

3. Date Incorporated or Qualified

09/14/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, SAMUEL | 1.2 NAME | |
| STREET ADDRESS | 20887 N. SPRINGS TERR | 1.3 STREET ADDRESS | 21271 Waycross Dr |
| CITY-ST-ZIP | BOCA RATON FL | 1.4 CITY-ST-ZIP | Boca Raton FL 33428-4861 |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNN, STANLEY | 2.2 NAME | |
| STREET ADDRESS | 3408 PINE HAVEN CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, ALISON MOORE | 3.2 NAME | |
| STREET ADDRESS | 20887 N. SPRINGS TER | 3.3 STREET ADDRESS | 21271 Waycross Dr |
| CITY-ST-ZIP | BOCA RATON FL | 3.4 CITY-ST-ZIP | Boca Raton FL 33428-4861 |
| 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 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.

CR2E034 (10/97)