

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001377 (7)

1. Corporation Name

ADELINE L. MCEWEN, INC.



Principal Place of Business

Mailing Address

2650 N.E. 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

2650 N.E. 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 760 SE 2nd Ave

26 760 SE 2nd Ave

4. FEI Number

65 0549632

Applied For

Not Applicable

22 Suite, Apt. #, etc.

D 115

27 Suite, Apt. #, etc.

D 115

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

23 City & State

Deerfield Beach FL

28 City & State

Deerfield Beach FL

24 Zip

33441

Country

29 Zip

33441

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, STEPHEN G
2650 N.E. 52ND STREET
LIGHTHOUSE POINT FL 33064-7052

81 Name

Adeline L. McEwen

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

760 SE 2nd Ave # D 115

83

84 City

Deerfield Beach FL

85 Zip Code

33441

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)

4/25/96

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MCEWEN, ADELINE
STREET ADDRESS 760 SE 2ND AVE #D115
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/25/96

Date

Daytime Phone #

CR2E034 (12/95)