

4-8-97 B-4169 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000013534 (9)

1. Corporation Name

ADAM INVESTMENT OF CENTRAL FLORIDA INC.

Principal Place of Business

1159 RICHMOOR CIRCLE  
ORLANDO FL 32807

Mailing Address

1159 RICHMOOR CIRCLE  
ORLANDO FL 32807-6261



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1995	3a. Date of Last Report 07/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3307279		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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

ADAM, MOHAMMED F  
1159 RICHMOOR CIRCLE  
ORLANDO FL 32807

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	AD
NAME	ADAM, MOHAMMAD F	1.2 NAME	ADAM, MOHAMMED F AND AMINA
STREET ADDRESS	1159 RICHMOOR CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	ADAM, SHABIR A	2.2 NAME	
STREET ADDRESS	1229 RICHMOOR CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	DIRECTOR
NAME		3.2 NAME	ADAM, AMINA
STREET ADDRESS		3.3 STREET ADDRESS	1159 RICHMOOR CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

M. Farouk Adam MOHAMMED FAROUK ADAM 4/1/97 407 380 2397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0088360

CR2E034 (9/96)