**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 # **P95000068252 (2)**

1. Corporation Name
**AD INVESTMENTS, INC.**

Principal Place of Business
C/O INGRID SUHANDRON
2880 W. OAKLAND BLVD., STE. 118
FT. LAUDERDALE FL 33311

Mailing Address
C/O INGRID SUHANDRON
2880 W. OAKLAND BLVD., STE. 118
FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified: **09/05/1995**
3a. Date of Last Report:

4. FEI Number: [X] 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 [XX] Yes [ ] No

2. Principal Place of Business
22 c/ I&S Management, Inc
2880 W.Oakland Park Blvd.
Suite, Apt. #, etc.
22 Suite 118
City & State
23 Ft. Lauderdale, FL. 33311
Zip 24 Country 25

2a. Mailing Address
26 c/o I&S Management
2880 w Oakland Park Blvd.
Suite, Apt. #, etc.
27 Suite 118
City & State
28 Ft. Lauderdale, FL. 33311
Zip 29 Country 30

9. Name and Address of Current Registered Agent

I & S MANAGEMENT, INC.
2880 W. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33311

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: SUHANDRA SUHANDRON PRESIDENT SFCL orders DATE: 4/4/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

PD
DOLEMEYER, HANS J
2880 W. OAKLAND BLVD., STE. 118
FT. LAUDERDALE FL 33311

[ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP [ ] Change [ ] Addition

13.2.1 TITLE / 13.2.2 NAME / 13.2.3 STREET ADDRESS / 13.2.4 CITY-ST-ZIP [ ] Change [ ] Addition

13.3.1 TITLE / 13.3.2 NAME / 13.3.3 STREET ADDRESS / 13.3.4 CITY-ST-ZIP [ ] Change [ ] Addition

13.4.1 TITLE / 13.4.2 NAME / 13.4.3 STREET ADDRESS / 13.4.4 CITY-ST-ZIP [ ] Change [ ] Addition

13.5.1 TITLE / 13.5.2 NAME / 13.5.3 STREET ADDRESS / 13.5.4 CITY-ST-ZIP [ ] Change [ ] Addition

13.6.1 TITLE / 13.6.2 NAME / 13.6.3 STREET ADDRESS / 13.6.4 CITY-ST-ZIP [ ] Change [ ] Addition

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)(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:** _____ 2-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)