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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

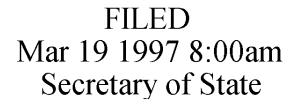
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000006622 (0)

THE ADAM BOMB COMPANY

Principa!	Place	of	Business
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Mailing Address





3944 PARKWAY BLVD. LAND O'LAKES FL 34639		3944 PARKWAY BLVD. LAND O'LAKES FL 34639-4228							
					Date Incorporated or Qualified 3a. Date of Last Report 01/18/1996				
2. Principal F	Place of Business	26. Mailing Address 26			4. FET Number 59-3355456	•		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	75 Additional e Required	
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees	
Zip 24	Country 25	7(p)	Countr 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curren	l Registered Agent		T	10. Name and Address of New Re	gistered A	gent		
	th, adam g		81	Name					
	4 Parkway Blvd. D o'lakes fl 34639		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
			83						
 			84	City		FL	85	Zip Code	
office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida Such change wa ations of, Section 607.0505,	is authorized b Florida Statute	y the corpora is.	poration submits this statement for the p ition's board of directors. I hereby accep	urpose of t the appo	changi intmen	ng its registered t as registered	
	Signature, typed or printed name of registered age			ent signature requ	ired when reinstating)	DATE			
12.	OFFICERS AND		13.	····	ADDITIONS/CHANGES TO OFFIC				
TITLE	D CHITTLE ADAM C	☐ DELETE	1,17111.6				Char	nge L Addition	
NAME OTREET LODDESS	SMITH, ADAM G 3944 PARKWAY BLVD.		1.2 NAME						
STREET ADDRESS	LAND O'LAKES FL 34639			1 ADDRESS					
CITY-ST-ZIP TITLE	DAME O BALLO 12 04003	DELETE	2.1 TITLE	51-211		,	Char	nge Addition	
NAME			2.2 NAME						
STREET ADDRESS				T ADDRESS				İ	
CITY-ST-ZIP			2. 4 CITY-						
TITLE		DELETE	3.1 TITLE				Char	ige Addition	
NAME			3.2 NAME						
STREET ADDRESS			3 3 STHEE	I ADDRESS				İ	
CITY-ST-ZIP		·· · · · · · · · · · · · · · · · · · ·	3.4. CITY-	ST-ZIP					
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STREET ADDRESS			4 3 STREE	I ADDRESS				ţ	
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TITLE		☐ DELETE	5.1 TITLE			ı	Char	nge Addition i	
NAME CINCEL ADVOCCO			5.2 NAME	LABBRECO					
STREET ADDRESS			5.3 \$TREET						
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - 5 6.1 TITLE	SI-ZIP			Char	ige Addition	
NAME		_ attit	6.2 NAME			'		igo Li Adamon	
STREET ADDRESS			G.3 STREET	PSSSCOAL					
CITY-ST-ZIP			6.4 CITY - S						

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.