

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000007079 (2)**

1. Corporation Name
ADUS REAL ESTATE CONSULTANTS, INC.



Principal Place of Business 6667 NW 4TH ST. MARGATE FL 33063	Mailing Address 6667 NW 4TH ST. MARGATE FL 33063-5017
--	---

3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last Report
4. FFI Number 65-0636427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 23257 State Road #7 Suite, Apt. #, etc. 22 Suite #101 City & State 23 Boca Raton, FL Zip 24 33428	2a. Mailing Address 26 23257 State Road #7 Suite, Apt. #, etc. 27 Suite #101 City & State 28 Boca Raton, FL Zip 29 33428
--	---

9. Name and Address of Current Registered Agent WEITZEL, GARRON S 6667 NW 4TH ST. MARGATE FL 33063	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 *Garron S. Weitzel* **Garron S. Weitzel** ☒ April 25, 1997
Signature: Print 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 <input checked="" type="checkbox"/>	President/Secretary <input type="checkbox"/> DELETE	1.1 TITLE	Pres/VPres/Sec/Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input checked="" type="checkbox"/>	Adah L. Weitzel	1.2 NAME	Adah L. Weitzel
STREET ADDRESS	6667 N. W. 4th Street	1.3 STREET ADDRESS	6667 N. W. 4th Street
CITY-ST-ZIP	Margate, FL 33063	1.4 CITY-ST-ZIP	Margate, FL 33063
TITLE <input checked="" type="checkbox"/>	VPresident/Treasurer <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input checked="" type="checkbox"/>	Gus Saridis	2.2 NAME	
STREET ADDRESS	10123 N. W. 48th Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33076	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/>	<input type="checkbox"/> DELETE	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 <input type="checkbox"/>	<input type="checkbox"/> DELETE	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 <input type="checkbox"/>	<input type="checkbox"/> DELETE	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 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: *Adah L. Weitzel* **Adah L. Weitzel** April 25, 1997 (561)477-5228
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)