

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000027425 (3)
 1. Corporation Name
A.D.M.E. INVESTMENT CORPORATION

Principal Place of Business 999 WASHINGTON AVENUE MIAMI BEACH FL 33139	Mailing Address 999 WASHINGTON AVENUE MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 550 9th Street Suite, Apt. #, etc.	2a. Mailing Address 26 3737 West Arthur Avenue Suite, Apt. #, etc.
22 City & State 23 Miami, FL	27 City & State 28 Lincolnwood, IL
24 Zip 33139	25 Country USA
29 Zip 60645-4029	30 Country USA

3. Date Incorporated or Qualified 03/28/1996	4. FEI Number 65-0658291	Applied For <input type="checkbox"/> Applied For <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WASSERMAN, MARTIN W ESO 999 WASHINGTON AVENUE MIAMI BEACH FL 33139	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ESFORMES, MORRIS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	999 WASHINGTON AVENUE	1.2 NAME	
STREET ADDRESS	MIAMI BEACH FL 33139	1.3 STREET ADDRESS	3737 West Arthur Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Lincolnwood, IL 60645-4029
TITLE	ES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ES	2.2 NAME	
STREET ADDRESS	999 WASHINGTON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE		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		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	700002490807
STREET ADDRESS		5.3 STREET ADDRESS	-04/16/98--01080--001
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE		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	

6/4/16

14. I 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.

CR2F034 (10/97)