

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**
**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**
**97 NOV 21 PM 11:56**
**DOCUMENT # P960000036131(1)**  
 1. Corporation Name

**Stuart Adams, Inc.**

Principal Place of Business Mailing Address

**7617 Dartmouth Avenue N.  
St. Petersburg, FL 33710**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
1 7617 Dartmouth Ave N.		26		1/1/96		1/1/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
2		27		59-3375365		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.76 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
3 St. Petersburg, FL		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
4 33710		29 USA		29		30	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**Adams, Stuart  
7617 Dartmouth Avenue N.  
St. Petersburg, FL 33710**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 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	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams, Stuart	1.2 NAME	
STREET ADDRESS	7617 Dartmouth Avenue N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33710	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	200002356892 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	-11/25/97--01067--009
STREET ADDRESS		2.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<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"/> DELETE	4.1 TITLE	<input checked="" 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"/> 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"/> 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.

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November 18, 1997

Florida Dept of State  
Sandra B. Mortham  
Secretary of State  
Division of Corporations

Ref: Notice of Administrative Dissolution of my Corporation

Dear Madam,

I recently received from the Florida Dept of State a notice that my corporation had been dissolved because of failure to file my 1997 annual report form as required.

I contacted my accountant who sent me a copy of the necessary form to file and have enclosed the same along with a check for \$165.00 for the annual filing fee. I did not receive from the state a notice that would have been sent out, according to your dissolution notice, in June alerting me to the September date of revocation. This is my first year with a corporation in Florida and I would like to be able to keep it in good standing but the reinstatement fee of nearly \$800.00 would prohibit me from doing so.

I apologize for my untimely filing and would appreciate any consideration that you can give me with regards to this situation and will in the future certainly file according to the rules you have set forth.

Sincerely,

  
Stuart E. Adams