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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047902 (7)
1. Corporation Name

ADAM'S SUPER SHIELD, INC.

Principal Place of Business Mailing Address 2170 S.W. 20TH STREET 2170 S.W. 20TH STREET MIAMI FL MIAMI FL 33145-2604 3. Date Incorporated or Qualified 3a. Date of Last Report 06/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65~06700 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has fiability for intangible tax under s 199.032 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LOCKE, ADAM 81 Name 2170 S.W. 20TGH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** 83 84 City Zip Code 0502 and 007, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered lite of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the p office or register agent. I am fami agent, or SIGNATURE of regulated agent and title if ample able (NOTE: Registered Agent signature required when roinstaking) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETË 1.1 THUE Change Addition LOCKE, ADAM NAME 1.2 NAME 2170 S.W. 20TH STREET STREET ADORESS 13 STREET ADDRESS **MIAMI FL 33145** CITY-ST-2IP 14 CHY - ST - 7/P DELETE TITLE 2.1 11711 Charige Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-\$1-ZIP DELETE TITLE 3.1.7011 Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-S1-ZIP

64 CRY-ST-ZIP

14. I do hereby certify that the information supplied will the hilling 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 is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the coporation or the regeiver or pusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or on an attribute with an address.

4.1 1111.6

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TILLE

6.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

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CITY-ST-ZIP

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4-29-5 7 305860

Change

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Addition

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May 07 1997 8:00am

Secretary of State