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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600055166 (8)

FILED Apr 25 1997 8:00am Secretary of State

ADA ACCESS FOR AMERICA INC Principal Place of Business 120 E OAKLAND PARK BLVD #204 FT LAUDERDALE FL 33334	Mailing Address 120 E OAKLAND PARK FT LAUDERDALE FL 3							
PI DIODENDALE PC 33334	FI ENODERDALE FE O	VVV-1100		3. Date Incorpora	ted or Qualified	3a. Da	ate of Last	Report
				06/27/1996		1		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	MAGG	<u> </u>	A	ppli e d For
21	26			65 /	06 08 73			lot Applicable
Suite, Apt. #, etc.	Suite: Apt. #, etc.			5. Certificate of Si	tatus Desired			Additional lequired
22 City & State	City & State	·····		6. Election Campa	den Eineneine			
23	28			Trust Fund Con	•			May Be to Fees
Zip Country	Zip	Count	try	B. This corporatio	n has liability fo	rintangible		
25	29	30		Florida Statutes	3	Yes	No	
9. Name and Address of Curre	ent Registered Agent			10. Name and Ad	dress of New R	egistered .	Agent	
YOUNG, RANDY		8	Name					
120 E OAKLAND PARK BLVD #20	4	8	2 Street A	ddress (P.O. Box Numbe	r is Not Accepts	able)		
FT LAUDERDALE FL 33334			13					
		*	"					
•		Ē	4 City			EI	85 Zip	Code
11. Pursuant to the provisions of Sections 607.05	502 and 607. 1508, Fiorida Sta	anıres meanv	iva-named d	cordoration sudmits inis s	iarement for the	purpose of	i chariging	ns registereo
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. Lam familiar with, and accept the obli SIGNATUHE. 	ite of Florida. Such change we igations of, Section 607.0505,	as authorized Florida Statut	by the corpo	oration's board of director	s. I hereby acc	ept the app	ointment a	s registered
SIGNATUHE Signature, typed or printed name of registered a	agont and little if applicable (I	NOTE: Registered A		equired when reinstating)		DATE		
SIGNATURE Signature, typed or printed name of registered a 12. OFFICERS A	agont and the if applicable (f	NOTE: Registered A	Agent signature re			DATE	DIFIECTO	RS IN 12
SIGNATURE Signature, typed or printed name of registered a 12. OFFICERS A 1/1/11 PRESIDENT	agont and trie if applicable (I	NOTE: Registered A 13. 1.1 TiTul	Agent signature re	equired when reinstating)		DATE		
SIGNATURE Signature, typed or printed name of registered a 12. OFFICERS A 1/1/11 PRESIDENT	agont and trie if applicable (I	NOTE: Registered A 13. 1.1 TiTul 1.2 NAM	Agent signature re	equired when reinstating)		DATE	DIFIECTO	RS IN 12
SIGNATURE Signature, typed or printed name of registered a 12. OFFICERS A TILL PRESIDENT ANYE STREET ADDRESS 3035 N.E. ST	agont and trie if applicable (I	NOTE: Registered A 13. 1.1 TiTLI 1.2 NAM 1.3 STRE	EET ADDRESS	equired when reinstating)		DATE	DIFIECTO	RS IN 12
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. To hereby centry that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). 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 eath; 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 Brock 12 or Block 13 if chapted or on an alternative an address.

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAME OF

Randy A

Young

9/29/97

954-566-0120

MORDAKO