

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

**FILED**  
**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000001484 (9)**  
 1. Corporation Name  
**ADAMS ARC, INC.**



Principal Place of Business 2650 NE 52ND ST LIGHTHOUSE POINT FL 33064-7052	Mailing Address 2650 NE 52ND ST LIGHTHOUSE POINT FL 33064-7052
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3. Date Incorporated or Qualified 12/30/1996	3a. Date of Last Report
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21. Principal Place of Business 11415 59TH BT. N Suite, Apt. #, etc.	26. Mailing Address 11415 59TH BT. N Suite, Apt. #, etc.
22. City & State Royal Palm Beach FL	27. City & State Royal Palm Beach FL
23. Zip 33411	29. Zip 33411

4. FEI Number 65-0722267	Applied For 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	

9. Name and Address of Current Registered Agent  
**WILLIAMS, STEPHEN G**  
 2000 NE 62ND ST  
 LIGHTHOUSE POINT FL 33064-7052

10. Name and Address of New Registered Agent

81. Name ADAMS ANNA M.
82. Street Address (P.O. Box Number is Not Acceptable) 11415 59TH BT. N
83.
84. City Royal Palm Beach FL
85. Zip Code 33411

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: *Anna M. Adams* DATE: *4-21-97*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADAMS, ANNA M		1.2 NAME	
STREET ADDRESS 11415 59TH ST. N		1.3 STREET ADDRESS	
CITY- ST- ZIP ROYAL PALM BEACH FL 33411		1.4 CITY-ST-ZIP	
TITLE DST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADAMS, JOHN O		2.2 NAME	
STREET ADDRESS 11415 59TH ST. N		2.3 STREET ADDRESS	
CITY- ST- ZIP ROYAL PALM BEACH FL 33411		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 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.

SIGNATURE: *Anna M. Adams* DATE: *4-21-97*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)