

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

FILED

Jun 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 # **P97000048536 (1)**

1. Corporation Name
ADIMAS, INC.

Principal Place of Business
**1303 HOMESTEAD RD., N.
LEHIGH ACRES FL 33906**

Mailing Address
**1303 HOMESTEAD RD., N.
LEHIGH ACRES FL 33906**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 237 Joel Blvd. Suite, Apt. #, etc 22 City & State 23 Lehigh Acres, FL Zip 24 33972 Country 25		2a. Mailing Address 26 12670 New Brittany Blvd. Ste 101 Suite, Apt. #, etc 27 City & State 28 Fort Myers, FL Zip 29 33907 Country 30 USA		3. Date Incorporated or Qualified 06/02/1997	4. FEI Number 65-0763842	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. STE. 101, 12670 NEW BRITTANY BLVD. FT. MYERS FL 33907		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		5. \$8.75 Additional Fee Required		
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.		12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME MASSOLD, ADOLF STREET ADDRESS 1303 HOMESTEAD RD., N. CITY-ST-ZIP LEHIGH ACRES FL 33906		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 237 Joel Blvd. 1.4 CITY-ST-ZIP Lehigh Acres, FL 33972		

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	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSOLD, ADOLF	1.2 NAME	
STREET ADDRESS	1303 HOMESTEAD RD., N.	1.3 STREET ADDRESS	237 Joel Blvd.
CITY-ST-ZIP	LEHIGH ACRES FL 33906	1.4 CITY-ST-ZIP	Lehigh Acres, FL 33972
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Willi Schwarzmeier
STREET ADDRESS		2.3 STREET ADDRESS	237 Joel Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lehigh Acres, FL 33972
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Brigitte Schwarz
STREET ADDRESS		3.3 STREET ADDRESS	237 Joel Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lehigh Acres, FL 33972
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	000002544120
STREET ADDRESS		6.3 STREET ADDRESS	-06/02/98--01031--024
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***1050.00

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. **WILLI SCHWARZMEIER**

SIGNATURE:

1000: S. B. Mortham

4-24-98

941-369-8889

CR2E034 (10/97)