

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
---	---	---

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.	2a. Mailing Address 26 12670 New Brittany Blvd. Ste 101
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Lehigh Acres, FL	City & State 28 Fort Myers, FL
Zip 24 33972	Country 25 29 USA

3. Date Incorporated or Qualified 06/02/1997	
4. FEI Number 65-0763842	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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
	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	237 Joel Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Lehigh Acres, FL 33972
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Vice President
STREET ADDRESS		2.3 STREET ADDRESS	Willi Schwarzmeier
CITY-ST-ZIP		2.4 CITY-ST-ZIP	237 Joel Blvd. Lehigh Acres, FL 33972
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Secretary, Treasurer
STREET ADDRESS		3.3 STREET ADDRESS	Brigitte Schwarz
CITY-ST-ZIP		3.4 CITY-ST-ZIP	237 Joel Blvd. 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: *Willi Schwarzmeier* 4-24-98 941-369-8989

CR2E034 (10/97)