

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

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90089 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000027144

1. Corporation Name
MBADAMSON INJURY PREVENTION SERVICES, INC.



Principal Place of Business 1248 ALEXANDRA CT. ORLANDO FL 32804	Mailing Address 1248 ALEXANDRA CT. ORLANDO FL 32804
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1131 S. Orange Ave.		2a. Mailing Address 26 10151 University Blvd.		3. Date Incorporated or Qualified 03/23/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc. PMB # 334		4. FEI Number 59-3505838	
23 City & State Orlando FL		28 City & State Orlando FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32806		29 Zip 32817		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ADAMSON, MARGARET B
1248 ALEXANDRA CT.
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	9869 Lake Georgia Dr.
83	
84 City	Orlando
85 State	FL
86 Zip Code	32817

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 Margaret B. Adamson **Margaret B. Adamson President** DATE **29 April 1999**

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ADAMSON, MARY B
STREET ADDRESS	1248 ALEXANDRA CT.
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	ADAMSON, MARGARET B.
1.3 STREET ADDRESS	9869 Lake Georgia Dr.
1.4 CITY-ST-ZIP	Orlando FL 32817
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE Margaret B. Adamson **Margaret B. Adamson President** DATE **29 April 1999** DAYTIME PHONE # **407-423-8578**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CRZE034 (11/98)