

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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S05180** (2)

1. Corporation Name:
AD-MAKERS II, INC.

Principal Place of Business
**9 DUKE DRIVE
LAKE WORTH FL 33460**

Mailing Address
**9 DUKE DRIVE
LAKE WORTH FL 33460-6363**



3. Date Incorporated or Qualified **10/02/1990** 3a. Date of Last Report **04/10/1996**

2. Principal Place of Business	2a. Mailing Address
21 1134 Pine Tree Drive Suite, Apt. #, etc.	26 1134 Pine Tree Drive Suite, Apt. #, etc.
22 Lantana, FL City & State	27 Lantana, FL City & State
23 33462-4410 Zip	28 33462-4410 Zip
24 Palm Country	29 Palm Country
25 Beach Co.	30 Beach Co.

4. FEI Number 65-0220324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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

**LEWIS, RICHARD E.
9 DUKE DRIVE
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1134 Pine Tree Drive
83	
84 City	Lantana
85 Zip Code	FL 33462-4410

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

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

12. OFFICERS AND DIRECTORS		
TITLE	PVS	<input type="checkbox"/> DELETE
NAME	LEWIS, RICHARD E.	
STREET ADDRESS	9 DUKE DRIVE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEWIS, RICHARD E.	
STREET ADDRESS	9 DUKE DRIVE	
CITY - ST - ZIP	LAKE WORTH FL	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1134 Pine Tree Drive	
1.4 CITY - ST - ZIP	Lantana, FL 33462-4410	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1134 Pine Tree Drive	
2.4 CITY - ST - ZIP	Lantana, FL 33462-4410	
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 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: *Richard E. Lewis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

(561) 5866117

CR2E034 (9/96)