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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S05380

(8)

ADBICUSTOM CONTRACTING INC

Principal Place of Business Mailing Address										
10960 NW 5 CC PLANTATION FL US	OURT	Mailing Address 10960 NW 5 COURT PLANTATION FL 33324-15 US	10960 NW 5 COURT PLANTATION FL 33324-1533							
						3. Date incorporated or Qualified 09/28/1990	3a. Date of 03/20/19		eport	
2. Principal Place of Business     28. Mailing Add       1     26			ddress			4. FEI Number Applied For 65-0223010 Not Applicable				
Suite, Apt #	t, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23		City & State	ļş			Election Campaign Financing     Trust Fund Contribution			May Be o Fees	
Zip <b>24</b>	Country 25	Z(p <b>29</b>	30			This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	gistered Agent			
	RY, ANDREW D.		'	B1 N	ame					
10960 NW 5TH COURT PLANTATION FL 33324			1	<b>82</b> S	treet Addre	ss (P.O. Box Number is Not Acceptab	le)			
			[1	B3						
					ity		FL 85	Zip (		
11. Pursuant k office or re agent I an	e the provisions of Sections 607.05bg stered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida, Such change was gations of, Section 607.0505, F	ites, the ab authorized lorida Statu	ove-na by the ites.	med corpo corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of chan t the appointm	ging it: ent as	s registered registered	
SIGNATURE	•	,								
	Signature, typical or printed nation of registered ag			Agent si	gnature require	d when reinstating)	DATE			
12.	D OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC				
THLE	BARRY, ANDREW D.	DELETE 1.1 TI					Ц¢	hange	Addition	
NAME	10000 ANY STU COUDT			1.2 NAME 1.3 STREET ADDRESS						
STHEET ADDRESS	PLANTATION FL									
CITY-ST-7IP TITLE	D	DELETE	1.4 C/TV 2.1 TITE	/-\$T-Z(	-		Пс	hange	Addition	
NAME	BARRY, PAULA T.	Las betere			1	•		ııalı <b>y</b> ç	Addition	
STHEET ADDRESS	ARRA ANNI ETU COUDT		1	2.2 NAME 2.3 STREET ADDRESS		•				
CITY - ST - ZIP	N ANTATION CI			2. 4 CITY-ST-ZIP						
TILE		DELETE	3.1 TITL			35.00	5.01 D C	hance	Addition	
NAME			3.2 NAN					<b>4</b> -		
STREET ADDRESS				eet add	RESS					
C:TY-ST-ZiP				Y-ST- <i>T</i> (	i i					
TOLE		DELETE	4.1 T(TL	.E	1		c	hange	Addition	
NAME			4. 2 NAI	ME						
STREET ADDRESS			4.3 STR	EET ADD	RESS	·				
C(1) Y - S1 - 7/P			4.4 C(T)	r - ST - ZII	>					
TITLE		☐ DELFTE	5.1 TITL	.E				hange	☐ Addition	
NAME			5.2 NAN	AE.						
STREET ADDRESS			5.3 STR	EET ADD	RESS					
CHTY - ST - ZIF		T1 65:55		r-ST-ZII	·					
IIITE		DELETE	6.1 TITL				, C	hange	Addition	
MAME			6.2 NAN							
STREET ADDRESS			6.3 STR	EET ADD	RESS					
CITY - ST - ZIP				-ST-ZII		in Section 119.07(3)(i), Florida Statutes				

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.

**FILED** 

Apr 18 1997 8:00am

Secretary of State