

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norburn
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:01

DOCUMENT # **S19599** (7)
1. Corporation Name
AD-TAR, INC.

Principal Place of Business Mailing Address
26 BRISTOL LANE **26 BRISTOL LANE**
BOYNTON BEACH FL 33436 **BOYNTON BEACH FL 33436**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/19/1990	3a. Date of Last Report 02/08/1994
4. FEI Number 65-0239482	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
9. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	27	30
22		27	
23		28	
24	25	29	30

9. Name and Address of Current Registered Agent

ADELKOFF, STUART L.
26 BRISTOL LANE
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	STV
NAME	ADELKOFF, STEVEN J.
STREET ADDRESS	525 ST. JAMES PLACE
CITY-ST-ZIP	PITTSBURGH PA
TITLE	PD
NAME	ADELKOFF, STUART L.
STREET ADDRESS	26 BRISTOL LANE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	AS
NAME	ADELKOFF, STUART L.
STREET ADDRESS	26 BRISTOL LANE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further certify that this 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 as an addendum with an addition.

SIGNATURE: *Stuart L. Adelkoff* President 1-13-95 407-732-2055
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE TELEPHONE NUMBER
STUART L. ADELKOFF