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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S33230

(1)

DOCUMENT #

1. Corporation Name

ADAMS BUILDING MANAGEMENT, INC.										
Pri	ncipal Place c	of Business		Mailing Add	ress				1 58 B 1 1840 1 10 B 111 (10 B 1111 11 11 11 11 11 11 11 11 11 11 11	
200 S. ANDREWS AVE. 6TH FLOOR 200 S. ANDREWS AVE. 6TH FLO FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301							R			
									3. Date Incorporated or Qualified	
2. 21	Principal Plac	ce of Busine	ess		2a. Mailing Address				4. FEI Number Applied For 65-0255677 Not Applied be	
	Suite, Apt. #,	, etc.		Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
22	City & State			27 City & S	City & State				6. Election Campaign Financing \$5.00 May Re	
23				28					Trust Fund Contribution LI Added to Fees	
24	Zip	p Country 25			Zip Country 30				8. This corporation has liability for intangible tax under s 199.032,     Florida Statutes	
:1		9. Name	and Address of Curre	nt Registered Ag	jent	.4			10. Name and Address of New Registered Agent	
							81	Name Am <i>e</i>	erican Information Services, Inc.	
	AMERICAN INFORMATION SERVICES INC.						82	Street Address (P.O. Box Number is Not Acceptable) One SE Third Avenue		
801 BRICKELL AVE. Suite 2400									th Floor	
MIAMI FL 33131							84			
MIAMI PL 33131  84 City Miami  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation								paration submits this statement for the number of changing its registered office L		
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 horse of registered agest and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
12	2.		OFFICERS AN	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIT	LE	DPS			) DELETE	1.1 T	ITLE		☐ Change ☐ Addition	
NA	ME	ROCHON, RICHARD C.			1.2		IAME			
ST	REET ADDRESS	200 S. ANDREWS AVE. 6FL. ST-7IP FT LAUDERDALE FL			1.3 \$1			ADDRESS		
CI	TY-ST-ZIP	FT LAU	DERDALE FL		,			ST - ZIP	T Change * Addition	
TIT	ILE	]	OTFOLIEN D	[2	DELETE	2 11		İ,	T Change (*) Addition Cris V. Branden	
	IME	AND C AND DEWIC AVE OF			2.2 M				200 C Androwe Ave 6th Floor	
-	REET ADDRESS		ANDREWS AVE. BFL. DERDALE FL				2.3 STREET ADDRESS <b>F</b>		Ft. Lauderdale, FL 33301	
	TY-ST-ZIP	TI-LAUI	DERDALE FL	··	) DELETE	3 1 7			Change Cl Addition	
	ILE	DIEDOE	, WILLIAM	L	JULLETE	3 1 N			VP/AS - X	
	IME		ANDREWS AVE. 6TH	FLOOR					William M. Pierce	
_	REE1 ADDRESS		DERDALE FL 33301	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					200 S. Andrews Ave., 6th Floor	
	TY-ST-ZIP			Г	] DELETE	4.11		31-211	Ft. Lauderdale, FL 33301 Change Addition	
	VME			_		4.2 N	AME			
	REET ADDRESS					4.3 S	TREET	I ADDRESS		
	TY-ST-ZIP					4.4 0	ITY - S	ST-ZIP		
	TLE			Ľ.	DELETE	5. 1 1	ITLE		Change Addition	
N/	AME					52 N	AME			
SI	IREET ADDRESS					538	TAEE	T ADDRESS		
	TY-ST-ZIP							ST-ZIP		
	TITLE							·	60001811376 Addition -05/07/9601091011 ***6000.00	
ı	NAME									
1	STREET ADDRESS			\				l'ADDRESS		
	TY-ST-ZIP	v cortify the	t the information supplie	I with this filing is	voluntarily furn	ichod and	dor	ST-ZIP   es not qualify	ify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	
14. Too help certify that the information indicated on this annual highest or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporate not the 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 altabument with an address.										

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM M. PIETCE Y 2 196

954-627-5000

CR2E034 (12/95)