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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

10197 (813) 601

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # S41804

ADMOTION INC.

Principal Place of Business

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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Mailing Address 3200 46TH AVENUE ST PETERSBURG FL 33714 3200 46TH AVENUE ST PETERSBURG FL 33714-3836 3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1991 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3060352 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Bo 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes X No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STUPP, MORTON 3200 46TH AVE. NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33714 83 84 City Zip Code 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 applicative (NOTE: Registored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE Change Addition TITLE 1: 10116 NAME LOEBEL, TERRY P 1.2 NAME 3200 48TH AVE NORTH STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE 2.1 TOUR ☐ Change Addition NAME STUPP, MORTON 2.2 NAME 3200 46TH AVE NORTH STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.3 TITLE NAME : 52 NAME STREET ADDRESS 5.5 STREET ADDRESS CITY-ST-2IP 54 CITY - S1 - ZIP DELETE Addition TITLE 61 THTE NAME 62 NAME **STREET ADDRESS** 63 STREET ADDRESS

64 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 eath; that it am an efficer 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