

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S55614 (9)
1. Corporation Name

ADAM EXPORT CORP

Principal Place of Business

Mailing Address

P.O. BOX 420655
KISSIMMEE, FL 34742

~~P.O. BOX 420655~~
~~KISSIMMEE, FL 34742~~
2484 SWEETWATER CLUB CIRCLE
KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified
5/29/91

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. XXXXXX	26. XXXXXX	59-3074086	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24.	25.	29.	30.
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

KRAUS, LEONARD

~~XXXXXX~~

~~KISSIMMEE, FL 34742~~

2484 SWEETWATER CLUB CIRCLE #90
KISSIMMEE, FL 34746

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

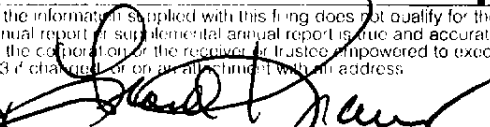
85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	KRAUS, LEONARD	1.2 NAME	KRAUS, LEONARD
STREET ADDRESS	P.O. BOX 420655	1.3 STREET ADDRESS	2484 SWEETWATER CLUB CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34742-0655	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	SECRETARY ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	KRAUS, SABIHA	2.2 NAME	KRAUS, SABIHA
STREET ADDRESS	P.O. BOX 420655	2.3 STREET ADDRESS	2484 SWEETWATER CLUB CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34742-0655	2.4 CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 appointment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

2/6/98

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***150.00

CR2E034 (10/97)