

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 2:01

DOCUMENT # **V34220** (6)

1. Corporation Name
A.D.A. SPECIALISTS, INC.

Principal Place of Business
**2077 N. POINTE ALEXIS DR
TARPON SPRINGS FL 34689**

Mailing Address
**2077 N. POINTE ALEXIS DR
TARPON SPRINGS FL 34689**

TEST

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/26/1992** 3a. Date of Last Report **03/14/1994**

4. FEI Number **59-3202112** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **1254 So. Pinellas Ave**
Suite, Apt. #, etc.

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.

22 **TARPON SPRINGS, FL**
City & State

27
City & State

23 **34689**
Zip

25 **FL**
Country

28
Zip

30
Country

9. Name and Address of Current Registered Agent

**DAZIO, VANESSA M
2077 N. POINTE ALEXIS DR
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

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 607.1506, 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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **DAZIO, VANESSA M**
STREET ADDRESS **2077 N. POINTE ALEXIS DR**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D**
NAME **EBBEN, WAYNE K**
STREET ADDRESS **2077 N. POINTE ALEXIS DR**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME **WAYNE**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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(9)(B), 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 conduct the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE **Vanessa M. Dazio**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/11/95 813 942-6100