FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V62044 (5)

1. Corporation Name
ADMC INCORPORATED

Principal Place of Business	Mailing Address
1919 WOODHAVEN CIRCLE STE. #96 ROCKLEDGE FL 32955 US	1919 WOODHAVEN CIRCLE STE. #96 ROCKLEDGE FL 32955 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 5760 WINDHOVER DR	26 5760 WINDHOVER DR
Suite, Apt. #, etc 22 STE C	Suite, Apt. #, etc 27 STE C
City & State 23 ORLANDO FL	City & State 28 ORLANDO FL
Zip / Country 24 32819 25 U.S.A.	Zip / Country 29 32819 30 U.S.A.

4. FEI Number: 59-3139627 ☐ 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

9. Name and Address of Current Registered Agent

TAVELLI, MICHAEL
1919 WOODHAVEN CIRCLE
SUITE 96
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name: MICHAEL A. TAVELLI
82 Street Address (P.O. Box Number is Not Acceptable): 5760 WINDHOVER DRIVE STE C
83 STE C
84 City: ORLANDO FL 85 Zip Code: 32819

11. Pursuant to the provisions of Section 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] (New Registered Agent signature required when applicable) (Old Registered Agent signature required when applicable) DATE: 4-30-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	☐ Change ☐ Addition
NAME	BIGELOW, JACK R	12 NAME	
STREET ADDRESS	7255 GLENTRY	13 STREET ADDRESS	
CITY ST ZIP	COCOA FL	14 CITY ST ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	TAVELLI, MICHAEL A	22 NAME	
STREET ADDRESS	1919 WOODHAVEN CIRCLE #96	23 STREET ADDRESS	
CITY ST ZIP	ROCKLEDGE FL 32955	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 DATE 407 363-4755 DAYTIME PHONE #

0070800 CP