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Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90016 015 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 822258

1. Corporation Name  
ADLER SERVICES INC.

Principal Place of Business Mailing Address  
37 E. WILLOW STREET 37 E. WILLOW STREET  
P.O. BOX 616 P.O. BOX 616  
MILLBURN NJ 07041 MILLBURN NJ 07041

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/31/1968  
4. FEI Number  
22-1445207 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 owes the current year intangible  
Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

LOU MISCIONE  
888 SW 62ND AVE  
FT LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name EMERY, MICHAEL R.  
82 Street Address (P.O. Box Number is Not Acceptable)  
ONE FINANCIAL PLAZA STE. 2020  
83  
84 City FT. LAUDERDALE FL 85 Zip Code 33394

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 MICHAEL R. EMERY 01/21/99  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE CS  DELETE  
NAME ADLER, MICHAEL  
STREET ADDRESS 39 UNDERWOOD DR  
CITY-ST-ZIP WEST ORANGE, NJ 00000  
TITLE P  DELETE  
NAME ANTONOFF, RICHARD  
STREET ADDRESS 380 LEONARD DR.  
CITY-ST-ZIP N. MILFORD NJ  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
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  
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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)