

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90318 021 ***158.75

DOCUMENT # F02000005449

1. Entity Name
ADACEL SYSTEMS, INC.



Principal Place of Business
**6200 LEE VISTA BLVD
SUITE 100
ORLANDO, FL 32822**

Mailing Address
**6200 LEE VISTA BLVD
SUITE 100
ORLANDO, FL 32822**

54046392



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004

Chg-P

CR2E034 (10/03)

4. FEI Number
76-0655867

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 32301-1283**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SALEM, SILVIO	
STREET ADDRESS	6200 LEE VISTA BLVD, SUITE 100	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LEVELLIA, LIONEL	
STREET ADDRESS	6200 LEE VISTA BLVD, SUITE 100	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	S	<input type="checkbox"/> Delete
NAME	MONTCAIM, ROBERT	
STREET ADDRESS	6200 LEE VISTA BLVD, SUITE 100	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	GM	<input checked="" type="checkbox"/> Delete
NAME	CREASAP, MANE	
STREET ADDRESS	6200 LEE VISTA BLVD, SUITE 100	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lionel Leveille	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President	
STREET ADDRESS	Michael Asch	
CITY-ST-ZIP	6200 Lee Vista Blvd, Suite 100	
	Orlando, FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Asch

4/27/04

(407)581-1560

Date

Daytime Phone #