

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F98000005240**

1. Corporation Name

ADCOM INFORMATION SERVICES, INC.

Principal Place of Business

**1901 CAMINO VIDA ROBLE, SUITE 115
CARLSBAD CA 92008**

Mailing Address

**1901 CAMINO VIDA ROBLE, SUITE 115
CARLSBAD CA 92008**

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90007 006 ***558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1998

4. FEI Number

33-0558088

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.

☐ Yes

☒ No

2. Principal Place of Business

21 700 W. Hillsboro Blvd.

Suite, Apt. #, etc.

22 Bldg. 4 Suite 201

City & State

23 Deerfield Beach, FL

Zip

24 33441

Country

25 USA

2a. Mailing Address

26 700 W. Hillsboro Blvd.

Suite, Apt. #, etc.

27 Bldg. 4 Suite 201

City & State

28 Deerfield Beach, FL

Zip

29 33441

Country

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **LIVEK, WILLIAM**

STREET ADDRESS **5400 LEITNER DRIVE WEST**

CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **S** ☐ DELETE

NAME **SPOONER, RICHARD**

STREET ADDRESS **3055 AVENIDA MAGORIA**

CITY-ST-ZIP **ESCONDIDO CA 92029**

TITLE **T** ☒ DELETE

NAME **GUIRE, H. R**

STREET ADDRESS **939 QUIVERA**

CITY-ST-ZIP **LAGUNA BEACH CA 92651**

TITLE **D** ☒ DELETE

NAME **SNYDER, MARSHALL**

STREET ADDRESS **9705 PATUXENT WOODS DRIVE**

CITY-ST-ZIP **COLUMBIA MD 21046**

TITLE **D** ☒ DELETE

NAME **CROWLEY, THOMAS**

STREET ADDRESS **260 LONG RIDGE ROAD**

CITY-ST-ZIP **STAMFORD CT 06927**

TITLE **D** ☒ DELETE

NAME **ALTER, ROBERT H**

STREET ADDRESS **18 TERRACE DRIVE**

CITY-ST-ZIP **HASTINGS-ON-HUDSON NY 10706**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☐ Change ☒ Addition

1.2 NAME **Deanna Spooner**

1.3 STREET ADDRESS **4401 N. Ocean Blvd, TH-15**

1.4 CITY-ST-ZIP **Boca Raton, FL 33431**

2.1 TITLE **S** ☒ Change ☐ Addition

2.2 NAME **Richard Spooner**

2.3 STREET ADDRESS **4401 N. Ocean Blvd, TH-15**

2.4 CITY-ST-ZIP **Boca Raton, FL 33431**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Michael Marocco**

3.3 STREET ADDRESS **767 Fifth Ave, 45th FL**

3.4 CITY-ST-ZIP **New York, NY 10153**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Richard Beanland**

4.3 STREET ADDRESS **4 Grosvenor PL**

4.4 CITY-ST-ZIP **London, UK SW 7 X7 HF**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Tony Acone**

5.3 STREET ADDRESS **Suite D**

5.4 CITY-ST-ZIP **PMB 430 44-489, Town Center Way**

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)(l), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-26-99

0121263

CR2E034 (5/99)