

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90231 050 \*\*\*158.75

**DOCUMENT # F98000005240**

1. Entity Name  
**ADCOM INFORMATION SERVICES, INC.**



Principal Place of Business  
**700 W. HILLSBORO BLVD  
BLDG 3 STE 201  
DEERFIELD BEACH, FL 33441 US**

Mailing Address  
**700 W. HILLSBORO BLVD  
BLDG 3 STE 201  
DEERFIELD BEACH, FL 33441 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**33-0558088**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LIVEK, WILLIAM  
5400 LEITNER DRIVE WEST  
CORAL SPRINGS, FL 33067** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SPOONER, RICHARD  
4401 N OCEAN BLVD TH-15  
BOCA RATON, FL 33431** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COO  
CHEMEROW, DAVID  
4201 N OCEAN BLVD, APT C-706  
BOCA RATON, FL 33431** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MAROCCO, MICHAEL  
767 FIFTH AVE 45TH FL  
NEW YORK, NY 10153** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MEYERS, BOB  
535 E DIEHL RD 4TH FLOOR  
NAPERVILLE, IL 605631355** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GARIN, MICHAEL N  
49 MOORE ROAD  
BRONXVILLE, NY 10708** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Eschbach, Mary Kay  
10830 Fulmar Court  
Naples, FL 34119** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Van Valkenburg, David  
5350 Preserve Drive  
Greenwood Village, CO 80121** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASST. S  
Dodge, Sandra  
8717 NW 18th Place  
Coral Springs, FL 33071** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
Livek, William P.  
1519 SE 2nd Street  
Ft. Lauderdale, FL 33301** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William P. Livek 4-29-04 954-481-8380**

Date

Daytime Phone

**Ext 118**