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MC CLERNON C

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FILED
Jun 14, 2004 8:00 am
Secretary of State

05-05-2004 90228 041 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000083864			
1. Entity Name MARK AND CAROL A. ADELMAN, INC.			
Principal Place of Business 6125 NW 23RD TERRACE BOCA RATON, FL 33496		Mailing Address 6125 NW 23RD TERRACE BOCA RATON, FL 33496	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 51-0473338		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLATT, PETER A ESQ. 800 VILLAGE SQUARE CROSSING SUITE 204 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 fee is applicable. (NOTE: Registered Agent signature required when reappointing)			
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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ADELMAN, MARK	NAME	
STREET ADDRESS	6125 NW 23RD TERRACE	STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON, FL 33496	CITY- ST- ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ADELMAN, CAROL A	NAME	
STREET ADDRESS	6125 NW 23RD TERRACE	STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON, FL 33496	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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 all other like empowered.			
SIGNATURE: _____		Date: 4/30/04 561-488-2988	
SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR		Date	

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