

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 11 1996 8:00 am**  
Secretary of State

**DOCUMENT # P95000067209 (3)**

1. Corporation Name  
**ADAMS INSURANCE SERVICES, INC.**



Principal Place of Business: **2141 MAIN ST. STE. P DUNEDIN FL 34698**  
Mailing Address: **2141 MAIN ST. STE. P DUNEDIN FL 34698**

3. Date Incorporated or Qualified: **08/30/1995** 3a. Date of Last Report: **N/A**  
4. FEI Number: **59-3333281** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**VIVORI, WILLIAM F  
30 LAKEVIEW CT.  
PALM HARBOR FL 34683**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when new filings) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	D P	<input type="checkbox"/> DELETE
NAME	Lisa Rockoff-Vivori	
STREET ADDRESS	870 Carroll Street	
CITY-ST-ZIP	NY, NY	
TITLE	D V T	<input type="checkbox"/> DELETE
NAME	Marc D. Vivori	
STREET ADDRESS	870 Carroll Street	
CITY-ST-ZIP	NY, NY	
TITLE	D S	<input type="checkbox"/> DELETE
NAME	William F. Vivori	
STREET ADDRESS	30 Lakeview Court	
CITY-ST-ZIP	Palm Harbor, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** *W. Vivori* **4/7/96** **813 733-0855**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (12/95)