


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90446 041 \*\*\*150.00

<b>DOCUMENT # P97000079692</b> 1. Entity Name <b>ADL INSURANCE SPECIALISTS, INC.</b>					
Principal Place of Business <b>4880 N.W. 5 CT. PLANTATION FL 33317 US</b>			Mailing Address <b>4880 N.W. 5 CT. PLANTATION FL 33317 US</b>		
2. Principal Place of Business <b>4880 NW 5 CT</b>		3. Mailing Address  			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>PLANTATION FL</b>		City & State 		4. FEI Number <b>65-0780320</b>	
Zip <b>33317</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>TILLEM, SCOTT E 10 FAIRWAY DRIVE SUITE 219 DEERFIELD BEACH FL 33441</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LIPSKY, DAVID L 4880 NW 5TH COURT PLANTATION FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LIPSKY, ANN-MARIE 4880 NW 5TH COURT PLANTATION FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <i>Ann-Marie Lipsky</i> <b>V.P. ANN-MARIE LIPSKY</b> 4/22/04 954-581-3622					