

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000111490

1. Entity Name  
ADK MANAGEMENT, INC.



**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
10171 HERONWOOD LANE  
WEST PALM BEACH, FL 33412

Mailing Address  
10171 HERONWOOD LANE  
WEST PALM BEACH, FL 33412



0707233 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

Number  
09800004  
Applied For  
Not Applicable

☒ Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

KORNFELD, ALAN  
10171 HERONWOOD LN  
WEST PALM BEACH, FL 33412

**DO NOT WRITE  
IN THIS SPACE**

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KORNFELD, ALAN
STREET ADDRESS	10171 HERONWOOD LN
CITY - ST - ZIP	WEST PALM BEACH, FL 33412
TITLE	D
NAME	KORNFELD, RONNIE
STREET ADDRESS	10171 HERONWOOD LN
CITY - ST - ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000167891  
07/22/04-80014-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 an attorney empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/04 561-694 9648