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Feb 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000001181 (4)

1. Corporation Name  
NATIONAL AFFILIATED ADJUSTMENT COMPANY



Principal Place of Business  
8630 E. VIA DE VENTURA, STE. 100  
SCOTTSDALE AZ 85258

Mailing Address  
8630 E. VIA DE VENTURA, STE. 100  
SCOTTSDALE AZ 85258-3358

3. Date Incorporated or Qualified 03/07/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 13430 N. Scottsdale Rd.  
Suite, Apt. #, etc. Suite 103  
22 City & State Scottsdale, Az  
23 Zip 85254 Country  
24 25 29 30 85254

4. FEI Number 88-0333066  
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

9. Name and Address of Current Registered Agent  
LUCAS, KENNETH T  
2200 W. COMMERCIAL BLVD., STE. 302  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent  
81 Name PALEY, ALAN  
82 Street Address (P.O. Box Number is Not Acceptable) 2200 W. Commercial Blvd., Ste. # 302  
83  
84 City Ft. Lauderdale FL 85 Zip Code 33309

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 [Signature] 2, 20, 97  
Signature type and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PCEO DELETE  
NAME MEYER, KATHERINE  
STREET ADDRESS 8630 E. VIA DE VENTURA, STE. 100  
CITY-ST-ZIP SCOTTSDALE AZ 85258  
TITLE DV DELETE  
NAME MASON, TIMOTHY  
STREET ADDRESS 8630 E. VIA DE VENTURA, STE. 100  
CITY-ST-ZIP SCOTTSDALE AZ 85258  
TITLE DST  
NAME HAGGAR, CHAD  
STREET ADDRESS 8630 E. VIA DE VENTURA, STE. 100  
CITY-ST-ZIP SCOTTSDALE AZ 85258  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE President Change Addition  
1.2 NAME Gregg Kangerfeld  
1.3 STREET ADDRESS 13430 N. Scottsdale Rd., Suite 103  
1.4 CITY-ST-ZIP Scottsdale, Az 85254  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE DST Change Addition  
3.2 NAME HAGGAR, CHAD  
3.3 STREET ADDRESS 13430 N. SCOTTSDALE RD., SUITE 103  
3.4 CITY-ST-ZIP SCOTTSDALE, AZ 85254  
4.1 TITLE CHAIRMAN Change Addition  
4.2 NAME DEAN DOUGLAS  
4.3 STREET ADDRESS 15900 N. 78th Street, # 101  
4.4 CITY-ST-ZIP SCOTTSDALE, AZ 85254  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: [Signature] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/17/97 Daytime Phone # 602-443-0620

CR2E034 (9/96)