FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G44502

(4)

CONSOLIDATED ADJUSTERS OF FLA., INC.

			•				
Principal Place	e of Business	Mailing Address	g Address		1817 BINNS BINS BRIS BRIS (1881 B	INDI MANUT BENESI MENIL MENIL	Atali (BE)
240-A N. BABCOCK ST. MELBOURNE FL 32935 US		240-A N. BABCOCK ST. MELBOURNE FL 32935-E US	MELBOURNE FL 32935-6717				
				06/20/198	orated or Qualified	3a. Date of Last 1 01/24/1996	Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	100		pplied For
21		26		56-32854	100		ol Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of		Fee P	Additional equired
City & State	ϵ	City & State			npaign Financing		May Be
23	Country	28	Country	Trust Fund C			to Fees
24	25	29	30	Florida Statu	tion has liability for in	riangible tax under	s. 189.032,
<u> </u>	9. Name and Address of Currer				10. Name and Address of New Registered Agent		
PATI	TERSON, DAVID R.		81 Nar	ne			
	A N. BABCOCK ST.		B2 Stre	et Address (P.O. Box Num	har in Not Assentabl	5)	
	BOURNE FL 32935		D2 Sire	et Address (F.O. box Num	bei is Not Acceptabl	9)	1
****			83				
			84 City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
*						FL	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State)2 and 607,1508, Florida Sta	tutes, the above-names	ned corporation submits this	s statement for the pu	urpose of changing	its registered
agent La	im familiar with and accept the oblig	ations of Section 607.0505,	Florida Statutes.	sorporation a board of all bo	nord. Thereby accep	сто цррожином и	J (Oglotoroo
SIGNATURE				·			
	Signature: typed or printed name of registered age	ent and tide if applicable (f D DIRECTORS	NOTE: Registered Agent sign:	ature required when reinstating)	CHANGES TO OFFIC	DATE	DC IN 12
TITLE	PS OFFICERS AIN	DELETE	1.1 TITLE	ADDITIONS/C	CHANGES TO OFFIC	Change	Addition
NAME	PATTERSON, DAVID R.	L.J DECEN	1.2 NAME				7,00,000
STREET ADDRESS	166 SEA PARK BLVD.		1.3 STREET ADDRE	cc			
CITY ST-ZIP	SATELLITE BEACH FL		1.4 CHY-ST-ZIP	33			
TILE Cir. 21-5h.	VP	DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME	FAIGLEY, RAMONA W.	_	2.2 NAME			1	
STREET ADDRESS	1168 GRANDEUR ST., SE		2.3 STREET ADDRE	ss			
C-I'r -ST - ZIP	PALM BAY FL		2. 4 CITY - ST - ZIP				•
THLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME			•	
STREET ADDRESS			3.3 STREET ADORE	SS		•	
C(TY - ST - ZIP			34 CITY-ST-ZIP				
TITLE	,	☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRE	ss			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TIT.E		☐ DELETE	51 TITLE			L Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRE	SS			
CITY-ST-ZP		ntiere	5.4 CITY-ST-ZIP	1 1 1 1 1 1		☐ Change	Addition
TTLF		L_ DELETE	6.1 TITLE			. Li change	. L.J AGGRIGH
NAME DEGLE LONGERS			6.2 NAME	ee l			
STREET ADDRESS			6.3 STREET ADDRE	300			
CITY-ST-ZiP	by certify that the incorporation suspelie	ed with this filling does not as	alify for the exemption	on stated in Section 119 07/	(3)(i) Florida Statutes	I further certify the	it the
information I am an o appears	by certify that the information supplied in indicated on this armual report or officer or director of the corporation of in Block 12 or Block 13 if changed co	supplemental annual report r the receiver of frustee emp or on an attagnment with an	is true and accurate bowered to execute the address.	and that my signature shall his report as required by Ch	have the same lega napter 607, Florida S	l effect as if made u tatutes; and that my	nder oath; that name

SIGNATURE:

DATURE AND TYPED OR PRINTED AND OF SIGNING OFFICER OR DIRECTOR

1/20/9

752-0077

FILED

Jan 28 1997 8:00am

Secretary of State

0103510