

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:12

DOCUMENT # H42899 (5)

1. Corporation Name
GAMMA ADJUSTERS, INC.

Principal Place of Business: **560 NW 165TH STREET RD NORTH MIAMI FL 33169**
Mailing Address: **560 NW 165TH STREET RD NORTH MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/15/1985**
3a. Date of Last Report: **04/25/1994**

4. FEI Number: **59-2529163**
Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 560 N.W. 165TH ST. RD.**
Suite, Apt. #, etc.:
22
City & State: **23 NORTH MIAMI, FL.**
Zip: **24 33169** Country:
25
2a. Mailing Address: **26 P.O. BOX 693760**
Suite, Apt. #, etc.:
27
City & State: **28 MIAMI, FL.**
Zip: **29 33269-0760** Country:
30

9. Name and Address of Current Registered Agent
FRAYND, SAUL
560 NW 165TH STREET RD
8585 SUNSET DRIVE
NORTH MIAMI FL 33169

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRAYND, SAUL
STREET ADDRESS	560 NW 165TH STREET RD
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	DS
NAME	FRAYND, PAUL
STREET ADDRESS	560 NW 165TH STREET RD
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	D
NAME	FRAYND, GLADYS
STREET ADDRESS	560 NW 165TH STREET RD
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	D
NAME	FRAYND, FANNY
STREET ADDRESS	560 N.W. 165TH ST. RD.
CITY - ST - ZIP	N. MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: _____ **04/17/95** (305)945-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Mandatory)