

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Apr 30 1996 8:00 am  
Secretary of State

DOCUMENT # **H42899** (5)  
1. Corporation Name  
**GAMMA ADJUSTERS, INC.**



Principal Place of Business: 560 N.W. 165TH ST. RD, NORTH MIAMI FL 33169 US  
Mailing Address: P.O. BOX 693760, MIAMI FL 33269-0760 US

3. Date Incorporated or Qualified: 02/15/1985  
3a. Date of Last Report: 04/17/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2529163	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	25	29	30	8	This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRAYND, SAUL 560 NW 165TH STREET RD 8585 SUNSET DRIVE NORTH MIAMI FL 33169				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAYND, SAUL			1.2 NAME			
STREET ADDRESS	560 NW 165TH STREET RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAYND, PAUL			2.2 NAME			
STREET ADDRESS	560 NW 165TH STREET RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAYND, GLADYS			3.2 NAME			
STREET ADDRESS	560 NW 165TH STREET RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAYND, FANNY			4.2 NAME			
STREET ADDRESS	560 N.W. 165TH ST. RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 119.07(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: \_\_\_\_\_ DATE: 04/25/96 (305) 945-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/mo Phone #

CR2E034 (12/95)