FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

AND FILED
95 MAY -1 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L76839 (4)

1. Corporate Name
9240 CLAIMS CORPORATION

Principal Place of Business
6067 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

Mailing Address
6067 HOLLYWOOD BLVD
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22
Suite, Apt. # etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: 65-0198775 — 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. Florida Statute: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ROSNER, DAVID N.
6067 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

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. [illegible] Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office [illegible] 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROSNER, JEFFREY
STREET ADDRESS	6067 HOLLYWOOD BLVD.
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	TD
NAME	RIVARD, JEAN-GUY
STREET ADDRESS	6067 HOLLYWOOD BLVD.
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	SD
NAME	MEARS, MICHELLE
STREET ADDRESS	6067 HOLLYWOOD BLVD
CITY, ST, ZIP	HOLLYWOOD FL
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 1.

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. Further certify that the information contained on this annual report or supplemental annual report is true and correct and that the signature shown below is the same as that on file in the office of the corporation or the manager or trustee unauthorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 of this report or on any attachment with an address.

SIGNATURE: Jean-Guy Rivard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-95
Date

305-985-4200
Telephone #

0004464 CP