

**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

DOCUMENT # **L76839** (4)

1. Corporation Name  
**9240 CLAIMS CORPORATION**



Principal Place of Business: **6067 HOLLYWOOD BLVD. HOLLYWOOD FL 33024**  
Mailing Address: **6067 HOLLYWOOD BLVD. HOLLYWOOD FL 33024**

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **05/29/1990**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0198775**  
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  
**ROSNER, DAVID N.  
6067 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROSNER, JEFFREY	
STREET ADDRESS	6067 HOLLYWOOD BLVD.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIVARD, JEAN-GUY	
STREET ADDRESS	6067 HOLLYWOOD BLVD.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEARS, MICHELLE	
STREET ADDRESS	6067 HOLLYWOOD BLVD	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUTTON, RANDY
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	OK CC
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	400001836284
5.4 CITY - ST - ZIP	-05/23/96--01015--016
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***200.00
6.3 STREET ADDRESS	
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: *Randy D. Sutton* **RANDY D. SUTTON** Date: **1-29-96** Daytime Phone #: **305-985-4200**

CR2E034 (12/95)