

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90104 039 ***150.00

0145316

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L76839

1. Corporation Name
9240 CLAIMS CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6067 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33024**

Mailing Address
**6067 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33024**

3. Date Incorporated or Qualified
05/29/1990

2. Principal Place of Business
21 2599 NW 63RD LANE
 Suite, Apt. #, etc.

2a. Mailing Address
26 2599 NW 63RD LANE
 Suite, Apt. #, etc.

4. FEI Number
65-0198775

22 City & State
23 BOCA RATON, FLORIDA

27 City & State
28 BOCA RATON, FLORIDA

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

24 Zip Country
33496 U.S.A.

29 Zip Country
33496 U.S.A.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

**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)
2599 NW 63RD LANE
 83
 84 City **BOCA RATON** **FL** 85 Zip Code **33496**

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		
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	SUTTON, RANDY	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	5701 STIRLING ROAD	
1.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	5701 STIRLING ROAD	
2.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	318 E. RIVERBEND DRIVE	
3.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33328	
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		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Randy Sutton* **RANDY D. SUTTON** 4/30/99 (954) 316-5200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)