

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

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

**FILED**

**97 SEP 11 PM 4:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P40967 (2)**  
1. Corporation Name  
**LOFTUS ADJUSTMENT SERVICE, INC.**



Principal Place of Business Mailing Address  
**1 CHERRY HILL  
630  
CHERRY HILL NJ 08002  
US**

3. Date Incorporated or Qualified **10/07/1992** 3a. Date of Last Report **04/08/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **23-2588106** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LOFTUS, FRANK J.  
1008 NORMANDY TRACE ROAD  
TAMPA FL 33802**

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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **DC**  DELETE  
NAME **LOFTUS, JOHN E.**  
STREET ADDRESS **410 JAMAICA DR.**  
CITY-ST-ZIP **CHERRY HILL NJ**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DVC**  DELETE  
NAME **LOFTUS, FRANK J.**  
STREET ADDRESS **3 OAKWOOD PLACE**  
CITY-ST-ZIP **VOORHEES NJ**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DVP**  DELETE  
NAME **IORIO, JOHN DI**  
STREET ADDRESS **5 BATES COURT**  
CITY-ST-ZIP **SEWELL NJ**

3.1 TITLE  Change  Addition  
3.2 NAME **300002293723--6**  
3.3 STREET ADDRESS **-09/15/97--01161--005**  
3.4 CITY-ST-ZIP **\*\*\*\*165.00 \*\*\*\*165.00**

TITLE **DST**  DELETE  
NAME **LOFTUS, MARIA A.**  
STREET ADDRESS **410 JAMAICA DR.**  
CITY-ST-ZIP **CHERRY HILL NJ**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **P**  DELETE  
NAME **LOFTUS, FRANK J.**  
STREET ADDRESS **3 OAKWOOD PLACE**  
CITY-ST-ZIP **VOORHEES NJ**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE: **4 26 97**

CR2E034 (9/96)