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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90199 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P40967

1. Corporation Name
LOFTUS ADJUSTMENT SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1 CHERRY HILL
630
CHERRY HILL NJ 08002
US

Mailing Address
1 CHERRY HILL
630
CHERRY HILL NJ 08002
US

3. Date Incorporated or Qualified
10/07/1992

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
23-2588106

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23

City & State
28

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

Zip
24

Country
25

Zip
29

Country
30

8. This corporation owes the current year Intangible Personal Property Tax. 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 33602

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

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

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

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

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

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

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **DST**
 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 **10 GREENBRIAR CT**
 4.4 CITY-ST-ZIP **VOORHEES, NJ 08543**

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

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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:

Frank J. Loftus
 SIGNED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99
 Date

800-552-5010
 Daytime Phone #

CR2E034 (11/98)