

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:19

DOCUMENT # P93000016126 (3)

1. Corporation Name  
**GLOBAL CLAIMS MANAGEMENT, INC.**

Principal Place of Business Mailing Address  
**8832 JASPERS DRIVE BOYNTON BEACH FL 33437**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/24/1993</b>	3a. Date of Last Report <b>03/14/1994</b>
4. FEI Number <b>65-0389783</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <b>224 DATURA ST.</b> Suite, Apt. #, etc 22. <b># 205</b> City & State 23. <b>WEST PALM BEACH, FL</b> Zip 24. <b>33401</b>	2b. Mailing Address 26. <b>224 DATURA ST</b> Suite, Apt. #, etc 27. <b># 205</b> City & State 28. <b>WEST PALM BEACH, FL</b> Zip 29. <b>33401</b>	Country 25. <b>USA</b>	Country 30. <b>USA</b>
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9. Name and Address of Current Registered Agent <b>SHEA, PAUL D 8832 JASPERS DRIVE BOYNTON BEACH FL 33437</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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11. Pursuant to the provisions of Sections 607.012 and 607.1509, 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: *Paul D. Shea* DATE: **2/15/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>SHEA, PAUL D</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHEA, PAUL D</b>	1.2 NAME	
STREET ADDRESS	<b>8832 JASPERS DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>	1.4 CITY - ST - ZIP	
TITLE <b>D</b>	<b>ADAMS, JAMES M JR</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ADAMS, JAMES M JR</b>	2.2 NAME	
STREET ADDRESS	<b>1882 CARIBBEAN RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE CLARKE SHORES FL 33406</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information reported on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I do hereby certify that the information included on this form is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and have the same legal effect as if made under oath. I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 1 of this report or on a subsequent filing with this office.

SIGNATURE: *Paul D. Shea* DATE: **2/15/95** 407-820-1500