

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90061 020 ***150.00

DOCUMENT # P95000013288

1. Corporation Name

TRANSAMERICAN CLAIMS CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3750 GUNN HWY. #3E SUITE 3E TAMPA FL 33624 US		Mailing Address 3750 GUNN HWY. #3E SUITE 3E TAMPA FL 33624 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
3. Date Incorporated or Qualified 02/16/1995		4. FEI Number 59-3294712	
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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent MOORE, DAVID E 3412 CYPRESS HEAD COURT TAMPA FL 33618		10. Name and Address of New Registered Agent	
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 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	DCST	1.1 TITLE	☒ Change ☐ Addition
NAME	ALTIERI, RAYMOND A	1.2 NAME	
STREET ADDRESS	14106 KNOTTINGSLEY PLACE	1.3 STREET ADDRESS	14927 DEVONSHIRE WOODS PLACE
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	TAMPA FL 33624
TITLE	DP	2.1 TITLE	☒ Change ☐ Addition
NAME	MOORE, DAVID E	2.2 NAME	
STREET ADDRESS	3412 CYPRESS HEAD COURT	2.3 STREET ADDRESS	10025 Hampton Place
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	Tampa, Florida 33618
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Raymond A. Altieri Jr.* 1-11-99 813-961-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)