

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000074562 (6)
1. Corporation Name

SUPERIOR ADJUSTING, INC.



Principal Place of Business

Mailing Address

3690 DAVIE BLVD
FT. LAUDERDALE FL 33312

3690 DAVIE BLVD
FT. LAUDERDALE FL 33312
2101 S. Andrews Ave.
Ft. Lauderdale, FL 33316

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWSON, EDWARD J
3690 DAVIE BLVD
FT. LAUDERDALE FL 33312

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 607.02 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]

Edward J. Lawson

[Signature]

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: EDWARD J. LAWSON, EDWARD J
STREET ADDRESS: 3690 DAVIE BLVD
CITY - ST - ZIP: FT. LAUDERDALE FL 33312

11 TITLE: D P
12 NAME: CHRISTOPHER LAWSON
13 STREET ADDRESS: 6900 SW 5 ST
14 CITY - ST - ZIP: PEMBROKE PINES, FL 33023

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY - ST - ZIP: []

21 TITLE: D
22 NAME: RONALD A. RAYMOND
23 STREET ADDRESS: 1625 SE 10 AVE #903
24 CITY - ST - ZIP: FT. LAUDERDALE, FL 33316

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY - ST - ZIP: []

31 TITLE: D
32 NAME: MICHAEL LAWSON
33 STREET ADDRESS: 12731 NW 1 ST
34 CITY - ST - ZIP: PLANTATION, FL 33324

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY - ST - ZIP: []

41 TITLE: [] Change [] Addition
42 NAME: []
43 STREET ADDRESS: []
44 CITY - ST - ZIP: []

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY - ST - ZIP: []

51 TITLE: [] Change [] Addition
52 NAME: []
53 STREET ADDRESS: []
54 CITY - ST - ZIP: []

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY - ST - ZIP: []

61 TITLE: [] Change [] Addition
62 NAME: []
63 STREET ADDRESS: []
64 CITY - ST - ZIP: []

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

RONALD A. RAYMOND

6/7/96

9545245002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)