


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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000074562 (6)
 1. Corporation Name
SUPERIOR ADJUSTING, INC.



Principal Place of Business 3690 DAVIE BLVD FT. LAUDERDALE FL 33312	Mailing Address 2107 S. ANDREWS AVE. FT. LAUDERDALE FL 33316-3431 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 3201 North Federal Hwy. Suite, Apt. #, etc. 27 Suite 201 City & State 28 Fort Lauderdale, FL Zip 29 33306 Country 30 USA
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3. Date Incorporated or Qualified 09/25/1995	3a. Date of Last Report 06/14/1996
4. FEI Number 65-0612603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
LAWSON, EDWARD J
3690 DAVIE BLVD
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
 81 Name
Robert A. Sandler
 82 Street Address (P.O. Box Number is Not Acceptable)
3201 North Federal Highway
 83
Suite 201
 84 City
Fort Lauderdale **FL** 85 Zip Code
33306

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]* DATE **4/28/97**

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

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	LAWSON, EDWARD J
STREET ADDRESS	3690 DAVIE BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL 33312
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	CHRISTOPHER LAWSON
STREET ADDRESS	6000 SW 5 ST.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RONALD A. RAYMOND
STREET ADDRESS	1625 SE 10 AVE. #903
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	MICHELE LAWSON
STREET ADDRESS	12731 NW 1 ST.
CITY-ST-ZIP	PLANTATION FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	Bruce H. Kramer
STREET ADDRESS	3201 North Federal Highway, Ste 201
CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edward J. Lawson
1.3 STREET ADDRESS	3201 North Federal Highway, Ste 201
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ronald A. Raymond
3.3 STREET ADDRESS	3201 North Federal Highway, Ste 201
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Michele V. Lawson
4.3 STREET ADDRESS	3201 North Federal Highway, Ste 201
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert A. Sandler
5.3 STREET ADDRESS	3201 North Federal Highway, Ste 201
5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert J. Silverman
6.3 STREET ADDRESS	3201 North Federal Highway, Ste 201
6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306

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: *[Signature]* DATE: **4/28/97**

CR2E034 (9/96)