

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90168 022 \*\*\*158.75



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

**DOCUMENT # P95000074562**

1. Corporation Name  
**SUPERIOR ADJUSTING, INC.**

Principal Place of Business  
 P. O. BOX 5347  
 FORT LAUDERDALE FL 33310

Mailing Address  
 P. O. BOX 5347  
 FORT LAUDERDALE FL 33310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/25/1995**

4. FEI Number  
**65-0612603**

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

2. Principal Place of Business  
 21 **4161 N.W. 5 Street**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **Plantation, FL**  
 Zip Country  
 24 **33317** 25 **USA**

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**DOYLE, PATRICK D**  
**4161 N.W. 5TH STREET**  
**PLANTATION FL 33317**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAWSON, EDWARD J</b>	
STREET ADDRESS	<b>2107 S. ANDREWS AVE.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOZANO, FRANK E</b>	
STREET ADDRESS	<b>3690 DAVIE BLVD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAWSON, MICHELE V</b>	
STREET ADDRESS	<b>2107 S. ANDREWS AVE.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAYMOND, RONALD A</b>	
STREET ADDRESS	<b>2107 S. ANDREWS AVE.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRAMER, BRUCE H</b>	
STREET ADDRESS	<b>2107 S. ANDREWS AVE.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEONARD, CARLA L</b>	
STREET ADDRESS	<b>2107 S. ANDREWS AVE.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>See Attachment for all changes/Add.</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Patrick D. Doyle 2-12-99 (954) 581-9993  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

**SUPERIOR ADJUSTING, INC.**  
**DOCUMENT #P95000074562**  
**ATTACHMENT**

149985-90168-22  
P95 0000 74562

**ADDITIONS/CHANGES: Officers & Directors**

1. Christopher J. Lawson P  
4161 N.W. 5th Street  
Plantation, FL 33317
2. Patrick D. Doyle SD  
4161 N.W. 5th Street  
Plantation, FL 33317
3. Michele V. Lawson TD  
4161 N.W. 5th Street  
Plantation, FL 33317
4. Edward J. Lawson D  
4161 N.W. 5th Street  
Plantation, FL 33317
5. Ronald A. Raymond D  
4161 N.W. 5th Street  
Plantation, FL 33317
6. Carla L. Leonard D  
4161 N.W. 5th Street  
Plantation, FL 33317
7. Bruce F. Simberg D  
4161 N.W. 5th Street  
Plantation, FL 33317
8. Joseph A. Epstein D  
4161 N.W. 5th Street  
Plantation, FL 33317

**DELETIONS: Officers & Directors**

1. Robert A. Sandler SD  
2107 South Andrews Ave  
Fort Lauderdale, FL 33316
2. Bruce H. Kramer D  
2107 South Andrews Ave  
Fort Lauderdale, FL 33316