

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90072 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000056433**

1. Corporation Name
Total Accident Solutions, Inc.

Principal Place of Business
3051 N. Federal Hwy #203 Ft. Lauderdale, FL 33306

Mailing Address
P.O. Box 4641 Ft. Lauderdale, FL 33338

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3051 N. Federal Hwy #203

2a. Mailing Address
P.O. Box 4641

3. Date Incorporated or Qualified
06/24/1998

4. FEI Number
65-0848661 Applied For Not Applicable

23. City & State
FL. Lauderdale, FL

28. City & State
FL Lauderdale, FL

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24. Zip **33306** 25. Country **USA**

29. Zip **33338** 30. Country **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**Romano, David
 4213 W. Hillsboro Blvd
 Coconut Creek, FL 33073**

10. Name and Address of New Registered Agent
 81 Name **Rappel, Robert**
 82 Street Address (P.O. Box Number is Not Acceptable) **5070 Highway A1A, North**
 83 **# 221**
 84 City **Vero Beach** 85 Zip Code **FL 32963**

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 **Robert Rappel** **Robert Rappel** **4-28-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Romano, David	
STREET ADDRESS	4213 W. Hillsboro Blvd.	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Bradford, Charles Jr.	
STREET ADDRESS	3601 W. Commercial Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Portevien, Reginald	
1.3 STREET ADDRESS	3051 N. Federal Hwy #203	
1.4 CITY-ST-ZIP	Ft. 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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: **David Romano** **4-28-99 (954) 567-2255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)