

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000444

**Entity Name:** PROCLAIM INTERNATIONAL, INC.**Current Principal Place of Business:**312 NW FOURTH STREET  
BOCA RATON, FL 33432**Current Mailing Address:**P.O. BOX 549  
BOCA RATON, FL 33429 US**FEI Number:** 65-0894882**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUERER, JOHN  
159 NW 70TH ST  
#416  
BOCA RATON, FL 33487 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PMD
Name	BUERER, JOHN M
Address	159 NW 70TH ST #416
City-State-Zip:	BOCA RATON FL 33487

Title	D
Name	THOMPSON, TERRY
Address	1730 SW 22ND AVE
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	SD
Name	THOMPSON, CAROL
Address	1730 SW 22ND AVE
City-State-Zip:	FORT LAUDERDALE FL 33312

Title	D
Name	BUERER, ANNABEL M
Address	159 NW 70TH ST #416
City-State-Zip:	BOCA RATON FL 33487

Title	D
Name	CHERRY, CHARLES
Address	17137 NEWPORT CLUB DRIVE
City-State-Zip:	BOCA RATON FL 33496

Title	DIRECTOR
Name	PETERSON, MICHAEL
Address	1004 NW 3RD AVE
City-State-Zip:	DELRAY BEACH FL 33444

Title	DIRECTOR
Name	PETERSON, MARGARET
Address	1004 NW 3RD AVE
City-State-Zip:	DELRAY BEACH FL 33444

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOHN MARK BUERER**DIRECTOR****03/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date