PROFIT CORFORATION ANNUAL REPORT 1996		ORIDA DEPARTME Sandra B. M Secretary of DIVISION OF COR	orthani Stafe		
DOCUMENT # 291829 (0) AMERICAN CLAIM SERVICE, INC.		(0)			
Principal Place of Business	Mailing Add	drose			
136 N. THIRD ST. 136 N. THIRD ST. HAMILTON OH 45025 HAMILTON OH 45025					1901 91914 91914 91911 91911 919(1 1 9 91
Principal Place of Business	US			3. Date Incorporated or Qualified 04/09/1965	3a. Date of Last Report 05/01/1995
Principal Place of Business	2a. Mail-ng /	Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite Ap	ot #, etc.		59-1115831	Not Applicate \$8.75 Additional
City & State	27 City & St	alo		5. Certificate of Status Desired	Fee Required
		aic		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip		Country	8. This corporation has liability for	r intang ble tax under s. 199 032.
25 29 9. Name and Address of Current Registered Agent		ont 30		Florida Statutes 10. Name and Address of New F	X Yes No
•			84 City		- 85 Zin Code
GNATURE	- the obligations of occurre	107.0003. Florida (e above-named cor ized by the corpora Statutes.	rporation submits this statement for the ition's board of directors. I hereby acce	FL 85 Zip Code pui pose of chariging its registered pt the appointment as registered
Signature (part to profest neres)	ins 607,0502 and 607,1508, Firithe State of Florida, Such of the obligations of Section 6 (Fig. 2014) and the obligation 6 (Fig. 2014) and	('a' the fag	e above-named cor	-wed when reastang)	PL purpose of changing its registered by the appointment as registered
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SIGNATURE:

Barry S. Porter

July 18, 1996

(513) 867-3903

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