

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 30 1998 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 491974 (2)
1. Corporation Name
OWNERS' ADJUSTMENT BUREAU, INC.

Principal Place of Business
6100 W. GRIFFIN ROAD
DAVE FL 33312
DAVIE FL 33312
(954) 961-2500 • FAX: (954) 961-7755
OWNERS' ADJUSTMENT BUREAU, INC.

Mailing Address
6100 W. GRIFFIN RD., SUITE 210
DAVIE FL 33314

2. Principal Place of Business
21 2900 GRIFFIN ROAD
Suite, Apt. #, etc.
22 DAVIE FL 33312
City & State
23 DAVIE
Zip
24
Country
25

2a. Mailing Address
26 2900 GRIFFIN RD SUITE 210
DAVIE FL 33312
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1975
4. FEI Number
59-1686157
Applied For
Not Applicable
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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAXTON, HAROLD M
ONE DATRAN CENTER, SUITE 400
9100 S. DADELAND BLVD.
MIAMI FL 33156-7815

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	DREYFUSS, LAWRENCE	6100 W. GRIFFIN RD., SUITE 210	DAVIE FL 33314	<input type="checkbox"/>
SD	LEVY, HERBERT	6100 W. GRIFFIN RD., SUITE 210	DAVIE FL 33314	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
CHANGE		2900 GRIFFIN ROAD SUITE #3	DAVIE FL 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHANGE		2900 GRIFFIN ROAD SUITE 3	DAVIE FL 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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***150.00
PE
7.30

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.

SIGNATURE:

OWNERS' ADJUSTMENT BUREAU, INC.

[Signature]

CR2E034 (5/98)

OWNERS' ADJUSTMENT BUREAU

PUBLIC ADJUSTERS - REPRESENTING THE ASSURED

2900 GRIFFIN ROAD
SUITE #3
DANIA, FLORIDA 33312

(954) 961-2500
(954) 961-7755 FAX



July 22, 1998

Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen:

In accordance with my telephone conversation with Robin Stacy, I am writing another letter to explain the problem which arose beyond my control.

I received your second notice billing which required a penalty payment of \$400.00 additional. I immediately called your other office and spoke to Kim. I explained that I had never received notice #1. About two years ago, our office moved from 6100 Griffin Road to our present location. The mail had never been forwarded. Kim explained that the first notice would not be forwarded. I can understand how I overlooked notifying your office. (Being an insurance adjuster I immediately notified the insurance department but overlooked your division).

Please accept the enclosed check in the amount of \$150.00. I have signed the application which I failed to do before. Please let me assure your division that had I gotten the first bill, a check would have been sent at once. We pride ourselves regarding prompt payments.

Thank you for your kind understanding.

Cordially,



Larry Dreyfuss

Encls.