

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 525091 (5)

1. Corporation Name

ELLIOTT CLAIMS SERVICE, INC.



Principal Place of Business

P. O. BOX 990
DAYTONA BCH. FL 32115

Mailing Address

P. O. BOX 990
DAYTONA BCH. FL 32115

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

ELLIOTT, CHRIS C.
680 FERNCLIFF DRIVE
PORT ORANGE FL 32127

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDCS	<input type="checkbox"/> DELETE
NAME	ELLIOTT, CHRIS C.	
STREET ADDRESS	680 FERNCLIFF DR.	
CITY-STATE-ZIP	PORT ORANGE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELLIOTT, DAVID	
STREET ADDRESS	6540 METRO WEST BLVD., APT 323	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOLLIS, JAMES	
STREET ADDRESS	6113 HALF MOON DRIVE	
CITY-STATE-ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elliott, Chris C.	
1.3 STREET ADDRESS	680 Ferncliff Dr.	
1.4 CITY-STATE-ZIP	Port Orange, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sue D. Elliott	
4.3 STREET ADDRESS	680 Ferncliff Dr.	
4.4 CITY-STATE-ZIP	Port Orange, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 married, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris C. Elliott

3/21/96 (904) 252-2200

Date Daytime Phone #

CR2E034 (12/95)