

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **572439** (8)

1. Corporation Name  
**CENTRAL FLORIDA CLAIMS SERVICE, INC.**



Principal Place of Business Mailing Address  
**11 N SUMMERLIN, SUITE 108 P.O. BOX 3149 ORLANDO FL 32802-0149**

3. Date Incorporated or Qualified **05/10/1978** 3a. Date of Last Report **04/14/1995**  
4. FEI Number **59-1821637**  
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 has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **11 N. Summerlin Ste 108** 26 **11 N. Summerlin Ste.108**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **P.O. Box 3186** 27 **P.O. Box 3186**  
City & State City & State  
23 **Orlando, Fla.** 28 **Orlando, Fla.**  
Zip Country Zip Country  
24 **32802** 25 **Orange** 29 **32802** 30 **Orange**

9. Name and Address of Current Registered Agent

**REID, ROY W.  
11 N. SUMMERLIN, SUITE 108  
ORLANDO FL 32801**

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 607.017(2) and 607.150(1), Florida Statutes, the above named corporation, herein, it is stated 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 607.067(1), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report.

Signature of the person who is authorized to sign this report.

BY

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETED
NAME	GRIFFIN, SONJA	
STREET ADDRESS	11 N. SUMMERLIN	
CITY-STATE-ZIP	ORLANDO, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETED
NAME	REID, ROY W.	
STREET ADDRESS	11 N. SUMMERLIN	
CITY-STATE-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 STREET ADDRESS	
14 CITY-STATE-ZIP	
2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied to the Department is true and correct, and does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information on file with the Department is true and correct, 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, the tax returns or financial reports prepared to comply with this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached report with an addendum.

SIGNATURE: *Sonja Griffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/96* *407-433-3423*

CR2E034 (12/95)