

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 657184 (8)

1. Corporation Name

K & M ADJUSTERS, INC.

Principal Place of Business

3209 FLAGLER AVE.
P.O. BOX 2056
KEY WEST FL 33040

Mailing Address

3209 FLAGLER AVE.
P.O. BOX 2056
KEY WEST FL 33040



2. Principal Place of Business

2a. Mailing Address

21 3121 RIVIERA dr.

26 P.O. 2056

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE C

27

City & State

City & State

23 KEY WEST, FLA.

28 KEY WEST, FLA.

Zip

Zip

Country

Country

24 33040

25 U.S.

29 33040

30 U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/26/1980

3a. Date of Last Report

03/27/1995

4. FEI Number

59-1967615

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MRAVIC, MILTON S.
3223 FLAGLER AVENUE
KEY WEST FL 33040

81 Name MILTON S. MRAVIC

82 Street Address (P.O. Box Number is Not Acceptable)

83 3121-C RIVIERA DR.

84 City KEY WEST

FL

85 Zip Code 33040

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

Milton S. Mravic

MILTON S. MRAVIC

4-25-96

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 PD ~~XX~~ DELETE

NAME KRAUS, JENNIE S.
STREET ADDRESS 1205 17TH ST.
CITY-ST-ZIP KEY WEST FL

TITLE D ☐ DELETE

NAME MRAVIC, MILTON S.
STREET ADDRESS 3444 RIVIERA DR.
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVTSD ☒ Change ☐ Addition

1.2 NAME MILTON S. MRAVIC

1.3 STREET ADDRESS 3444 RIVIERA DR.

1.4 CITY-ST-ZIP KEY WEST, FLA. 33040

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE: Milton S. Mravic MILTON S. MRAVIC

4-25-96

305-296-2471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)