Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90050 037 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 842445

AMERICAN ADJUSTMENT COMPANY, INC.

Principal Place of Business Mailing Address					6 (MESSE IBN): BIRSA IIBII ALBIN Brut Atart bildit brait brait brait aratt aratt aratt
1601 CHESTNU	T ST	1601 CHESTNUT ST	1601 CHESTNUT ST		
TL13A		TL13A			DO NOT WRITE IN THIS SPACE
PHILADELPHIA PA 19192		PHILADELPHIA PA 19192			3. Date Incorporated or Qualifed
US		US			·
3 5	(D.)	2a. Mailing Address			01/23/1979 4. FEI Number Applied For
2. Principal P	— ·	alling Address		94-2540796 Not Applicable	
21 Cuite Ant	# ata	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.		⊢ '''			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
├ ─,		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country			8. This corporation owes the current year Intangible
24	25 29 30		٦ .		Personal Property Tax. Yes No
	9. Name and Address of Currer		1		10. Name and Address of New Registered Agent
			81	Name	
CT (CORPORATION SYSTEM		-	0	t /D O. Day Number is Not Assertable)
1200	S. PINE ISLAND ROAD		82	Street Add	dress (P.O. Box Number is Not Acceptable)
PLAI	NTATION FL 33324		83	 	Application of the state of the
_			<u> </u>	<u> </u>	
Ī			84	City	S5 Zip Code
11. Purcuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes.	the abov	e-named con	rporation submits this statement for the purpose of changing its registered
office or I	enistered agent or both in the State	of Florida. Such change was auth	orized by	tne corporati	tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes	5 .	
SIGNATURE	Stgnature, typed or printed name of registered age	ent and title if applicable (NOTE: Re	gistered Age	nt signature require	ired when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GENTLEMEN, MARTIN J		1.2 NAME		
STREET ADDRESS	AND A CONTRACTOR OF	,	1.3 STREET ADDRESS		
CITY-ST-ZIP	PILADELPHIA PA		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MULLIGAN, GEORGE C.		2.2 NAME		
STREET ADDRESS	ARRA CUENTIUM AT		2.3 STREE	T ADDRESS	
1	PHILA PA	'	2. 4 CITY-	ì	
CITY-ST-ZIP	VPT	DELETE -	3.1 TITLE		Change Addition
NAME	GARRETT, KENNETH R		3.2 NAME		·
STREET ADDRESS				TADORESS	
CITY-ST-ZIP	PHILADELPHIA PA		3.4. CITY-	ST-ZIP	
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, KIM M	. —	4. 2 NAME	:	
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19192		4.4 CITY-5		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRUNO, JOSEPH C	-	5.2 NAME		
STREET ADDRESS	l		5.3 STREE	TADORESS	
1	PHILADELPHIA PA 19192		5.4 CITY-5	ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition
NAME	HINKLEY, RICHARD A JR		6.2 NAME		
			6.3 STREE	T ADDRESS	
STREET ADDRESS	PHILADELPHIA PA 19192		6.4 CITY-5		·

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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

PHILADELPHIA PA 19192