

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 10:26

DOCUMENT # F78026 (4)

1. Corporation Name
TAMPA BAY CLAIMS, INC.

Principal Place of Business Mailing Address
P.O. BOX 272021 P.O. BOX 272021
TAMPA FL 33688 TAMPA FL 33688

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/27/1982** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-2189499** 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SPRAGUE, PATRICK F.
1904 E. BUSCH BLVD.
TAMPA FL 33612**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **PST**
NAME **WAUGH, THOMAS**
STREET ADDRESS **13514 GREENLEAF DR**
CITY - ST - ZIP **TAMPA FL**
TITLE **D**
NAME **WAUGH, THOMAS**
STREET ADDRESS **13514 GREENLEAF DR**
CITY - ST - ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE Change Addition
2 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
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 110.07(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 unchanged, or on an attachment with an address.

SIGNATURE: *Thomas Waugh* 6-15-95 813 933-3057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F78307** (8)

95 JUN 29 AM 10:19

1. Corporation Name
DASPA PROPERTIES, INC.

Principal Place of Business Mailing Address
415-A PINEDA CT. MELBOURNE FL 32940
415-A PINEDA CT C/O YVES CLERC MELBOURNE FL 32940 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/28/1982** 3a. Date of Last Report **05/14/1993**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1275 J. Patrick Dr	2b 1275 J. Patrick Dr	59-2234321	<input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc. Suite D	27 Suite, Apt. #, etc. Suite D	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State Satellite Beach	28 City & State Satellite Beach	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 32937 25 Country USA	29 Zip 32937 30 Country USA	5. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
CLERC, YVES 415-A PINEDA CT MELBOURNE FL 32940	<table border="1"> <tr> <td>81 Name</td> <td>Jean-Yves Clerc</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>1275 J. Patrick Dr</td> </tr> <tr> <td>83</td> <td>Suite D</td> </tr> <tr> <td>84 City</td> <td>Satellite Beach FL</td> </tr> <tr> <td>85 Zip Code</td> <td>32937</td> </tr> </table>	81 Name	Jean-Yves Clerc	82 Street Address (P.O. Box Number is Not Acceptable)	1275 J. Patrick Dr	83	Suite D	84 City	Satellite Beach FL	85 Zip Code	32937
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82 Street Address (P.O. Box Number is Not Acceptable)	1275 J. Patrick Dr										
83	Suite D										
84 City	Satellite Beach FL										
85 Zip Code	32937										

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SIGNATURE: *Jean-Yves Clerc* **Jean-Yves Clerc** DATE: **6-12-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	S CLERC, YVES	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLERC, YVES	2. NAME	
STREET ADDRESS	415-A PINEDA CT	3. STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	4. CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAFOND, YVES D.	2.2 NAME	
STREET ADDRESS	799 E. JEFFREY STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLERC, JEAN-YVES	3.2 NAME	
STREET ADDRESS	415-A PINEDA CT	3.3 STREET ADDRESS	1275 J Patrick Dr, Suite D
CITY - ST - ZIP	MELBOURNE FL	3.4 CITY - ST - ZIP	Satellite Beach, FL 32937
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: *Jean-Yves Clerc* **Jean-Yves Clerc** DATE: **6-12-95** DAYTIME PHONE #: **407-779-2790**

CR2E034 (3/95)