SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F9500000572 (6)

INTERSTATE ADJUSTMENT BUREAU INC.

MULIO	THE PROOF MEIN DONE.				
Principal Place	of Business	Mailing Address			lie Mâiel MBail Mosba Beses 1806 a 1105 eans
70 PINEHURST COURT P.O. BOX 545 ROTONDA WEST FL 33947 PLACIDA FL 33946					
				3. Date Incorporated or Qualified 02/02/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Appl ed For
21		26		31-1198405	Not Applicable
Suite, Apt #	t, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28 Zip	Country	This corporation has liability for	
Zip	25	29	30	Florida Statutes	Yes No
24	9. Name and Address of Curren		1001	10. Name and Address of New Re	gistered Agent
*** *********************************		<u> </u>	81 Name		
TINGLEY, SCOTT D 70 PINEHURST COURT			82 Street Add	reet Address (P.O. Box Number is Not Acceptable)	
RO	TONDA WEST FL 33947		83		
			84 City		FL 85 Zip Code
office or re agent I ar	egistered agent or both, in the State in familiar with, and accept the obligation Signature spector potential accept the obligation of t	of Florida Such change was pations of, Section 607.0505, F	adinonzed by the corpora lorida Statutes OTE Registered Agent signature req	poration submits this statement for the p tion's board of directors. I hereby accep uned when reinstaing) ADDITIONS/CHANGES TO OFFI	[IAI]
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12 Change Addition
TITLE	CDVS	[Dettie	1 1 TOTLE		
NAME TINGLEY, BLANCA E			1 2 NAME 1 3 STREET ADDRESS		
STREET ADDRESS	70 PINEHURST COURT		1 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	ROTONDA WEST FL 33947	DELETE	2 ! TITLE		Change Addition
NAME	CDPT TINGLEY, SCOTT D	L	2 2 NAME		
STREET ADDRESS	70 PINEHURST COURT		2 3 STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST FL 33947		2 4 CITY - ST - ZIP		
TITLE	NOTONOM WEST TO SOST.	DELFTE	3 1 TIFLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-S1-ZIP		
THTLE		DELETE	4 1 TITLE		Charge Addition
NAME			4 2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY - ST - ZIP		Change Addition
TITLE	<u> </u>	DELETE	5 1 TITLE		Ondrigs Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		T rectit	6 / TITLE		
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	L		6 4 CITY - ST - ZIP	att to the exemption stated in Cooker	110 07/21(k) Florida Statutas I

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 othicer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIG