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**Feb 25 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F96000001181 (4)

1. Corporation Name

NATIONAL AFFILIATED ADJUSTMENT COMPANY



Principal Place of Business

**8630 E. VIA DE VENTURA, STE. 100
SCOTTSDALE AZ 85258**

Mailing Address

**8630 E. VIA DE VENTURA, STE. 100
SCOTTSDALE AZ 85258-3358**

3. Date Incorporated or Qualified

03/07/1996

3a. Date of Last Report

2. Principal Place of Business

21 **13430 N. Scottsdale Rd.**
Suite, Apt. #, etc.

22 **Suite, 103**
City & State

23 **Scottsdale, Az**
Zip

24 **85254**

Country

2a. Mailing Address

26 **13430 N. Scottsdale Rd.**
Suite, Apt. #, etc.

27 **Suite 103**
City & State

28 **Scottsdale, Az**
Zip

29 **85254**

Country

4. FEI Number

88-0333066

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

9. Name and Address of Current Registered Agent

**LUCAS, KENNETH T
2200 W. COMMERCIAL BLVD., STE. 302
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name **PALEY, ALAN**
82 Street Address (P.O. Box Number is Not Acceptable)
2200 W. Commercial Blvd., Ste. # 302
83
84 City **Ft. Lauderdale** 85 Zip Code **FL 33309**

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

Alan Paley

Signature type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2, 20, 97

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCEO** DELETE
NAME **MEYER, KATHERINE**
STREET ADDRESS **8630 E. VIA DE VENTURA, STE. 100**
CITY-ST-ZIP **SCOTTSDALE AZ 85258**

TITLE **DV** DELETE
NAME **MASON, TIMOTHY**
STREET ADDRESS **8630 E. VIA DE VENTURA, STE. 100**
CITY-ST-ZIP **SCOTTSDALE AZ 85258**

TITLE **DST** DELETE
NAME **HAGGAR, CHAD**
STREET ADDRESS **8630 E. VIA DE VENTURA, STE. 100**
CITY-ST-ZIP **SCOTTSDALE AZ 85258**

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 **President** Change Addition
1.2 NAME **Gregg Langefeld**
1.3 STREET ADDRESS **13430 N. Scottsdale Rd., Suite 103**
1.4 CITY-ST-ZIP **Scottsdale, Az 85254**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DST** Change Addition
3.2 NAME **HAGGAR, CHAD**
3.3 STREET ADDRESS **13430 N. SCOTTSDALE RD., SUITE 103**
3.4 CITY-ST-ZIP **SCOTTSDALE, AZ 85254**

4.1 TITLE **CHAIRMAN** Change Addition
4.2 NAME **DEAN DOUGLAS**
4.3 STREET ADDRESS **15900 N. 78th Street, #101**
4.4 CITY-ST-ZIP **SCOTTSDALE, AZ 85254**

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 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, or on an attachment with an address.

SIGNATURE:

Chad Haggar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAD A. HAGGAR

Date

Daytime Phone #

0980

2/17/97 602-443-0620

CR2E034 (9/96)