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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F96000002415 (5)

NEMAX CLAIM SERVICES, INC.

Principal Place of Business

Mailing Address

**FILED** 

Apr 22 1998 8:00am

Secretary of State

6225 BMITH AVENUE BALTIMORE MD 21209-3653 US		6225 SMITH AVENUE LA0302 Baltimore MD 21209-3653 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/14/1996			
2. Principal Pl	Principal Place of Business 2a. Mailing Address			· · · · · ·	4. FEI Number	Applied For	
21 Co25 centennial way 26 Co25 centenni			ial W	بىد	52-1944765	Not Applicable	
Suite, Apt. #, etc.  22				0	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
<del></del>			mD		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 2/30			Country 30 4-S	,		☐ Yes   ☑ No	
Name and Address of Current Registered Agent  CORDODATION SERVICE COMPANY  81					10. Name and Address of New Registered Agent Name		
CORPORATION SERVICE COMPANY				OT Name			
1201 hays street Tallahassee fl 32301-2525			82	82 Street Address (P.O. Box Number is Not Acceptable) 83			
	•		63				
			84	City	FL 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 Signature, typod or printed name of registered agreed and tallo if applicable (NOTE: Registered Agent signature required when reinstating).  DATE							
12,	Signature, typod or printed name of registered ages OFFICERS AND		13.	11 signature requ	ired when reinstating). DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	C	DELETE	1.1 TITLE	15	inector	Change Addition	
NAME	CIHIY, KENNETH E	<del>_</del>	1.2 NAME	V	eunoth E. C'chica	_ , ,	
STREET ADDRESS	ASSE CLUTTLE LICENTE		1.3 STREET	ADDRESS 6			
CITY-\$T-ZIP	BALTIMORE MD		1.4 CITY-ST	. 7JP	Battimore, MD 21209		
TITLE	Č	DELETE	2.1 TITLE		rector	Change Addition	
NAME	LEWIS, THOMAS K JR.		2.2 NAME		nomas Ki Lewis, Jr.		
STREET ADDRESS	AAAF ALIFELI ALIFELII IP		2.3 STREET	l a da a Najara a a a a a a a a a a a a a a a a a			
CITY-ST-ZIP	BALTIMORE MD		2. 4 CITY - S		altimore, mo 21209		
TITLE	D	☐ DELETE	3.1 TITLE		rector	La Change	
NAME	STERN, ANDREW A		3.2 NAME		ndrew hi Stern		
STREET ADDRESS	6225 SMITH AVENUE		3.3 STREET A	ADDRESS (p.	225 centerated way-LA03	02	
CITY-ST-ZIP	BALTIMORE MD		3.4. CITY - S		altimore, -MD 21209		
TITLE	P	DELET <b>E</b>	4.1 TITLE	Pr	trabias	Change	
NAME	BURNHAM, ROBERT		4. 2 NAME		hurles melson		
STREET ADDRESS	6225 SMITH AVENUE		4.3 STREET A	ADDRESS 6	,225 centernial Way - LA	7362	
CITY-ST-ZIP	BALTIMORE MD		4.4 CITY-ST	- ZIP	Baltimon, ma 21209		
TITLE	VS	☐ DELETE	5.1 TITLE		ecretary	Change	
NAME	HOFFEN, JOHN F JR.		5.2 NAME		ohn Fi Hoffen, Jr.		
STREET ADDRESS	6255 SMITH AVENUE		5.3 STREET A		225 centennial way - LA	6302	
CITY-ST-ZIP	BALTIMORE MD	···	5.4 CITY-ST		poerc our monities		
TITLE	VT	DELETE	61 THILE		ce President of Treasur	Change Addition	
NAME	SLODDEN, TOBY		6.2 NAME		onald c. Miskler	ma-a	
STREET ADDRESS	6225 SMITH AVENUE		6.3 STREET A	NDDRESS   🖟	225 centennial Way - LA	5209	
CITY-ST-ZIP	BALTIMORE MD		6.4 CITY-ST	-ZIP 📴	altimore, MD 21209		

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 exemptation of 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.