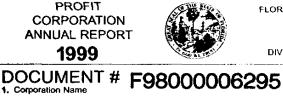
INTERSTATE ADJUSTMENT BUREAU, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED

99 MAR 25 PH 4: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

						<u> </u>	68 100 01110 11010 7	A101 0111 1881	
Principél Place of Business Mailing Address 70 PINEHURST COURT P.O. BOX 545					X47				
ROTONDA WES		P.O. BOX 545 PLACIDA FL 33946							
						DO NOT WRITE IN THIS SPACE			
					3. Date incorporated	or Qualifed			
9 Dringing ID	lace of Business	2a. Mailing Address			11/16/1998 4. FEI Number		· · · · · · · · · · · · · · · · · · ·		
2. Philicipal P	iace of business	F	26 Page 1 Maning Audiess					Nied For Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Taid				\$8.75 Ac		
22		27	27			Desired []	Fee Req		
City & State	e	City & State				Financing re-	\$5.00 N	Mav Be	
23		28	 		Trust Fund Contribution Added to Fees				
	Zip Country		Zip Country		This corporation owes the current year Intangible				
24	[25]	29	30		Personal Property			X No	
	9. Name and Address of Curre	nt Registered Agent		1 Name	10. Name and Addres	s of New Registered	Agent		
TING	LEY, SCOTT D		Ľ						
70 P	INEHURST COURT		18	2 Street	et Address (P.O. Box Number is Not Acceptable) 10002831347				
ROT	ONDA WEST FL 33947		1	3		-04/06/990	ได้อยี่-ก	12	
			L.			****150.00	****15	n.on	
				4 City		FL	85 Zip Co	206	
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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	m is made and accept the doing.	audits of, decilor our cood, i ii	Jilua Statut					Ì	
SIGNATURE	Signature, typed or printed name of registered age	ent and tille if applicable (NOT	E Registered A	gent signature i	required when relestating)	ΌΛΊξ			
12.		ND DIRECTORS	13.		ADDITIONS/CHANG	ES TO OFFICERS AN			
TITLE	CPTD	DELETE	1.5 TiTu				[]] Change	[] Addition	
NAME	TINGLEY, SCOTT D		1.2 NAM					Ì	
STREET ADDRESS	70 PINEHURST COURT			ET ADDRESS					
CITY-ST-ZIP TITLE	ROTONDA WEST FL 33947 CDVS	DELETE	1.4 CITY 2.1 TITLE				[Change	Addition	
NAME	TINGLEY, BLANCA E		2 2 NAM				() c to ig.	[]71053.1011	
STREET ADDRESS	70 PINEHURST COURT			ET ADDRESS				}	
CITY-ST-ZIP	ROTONDA WEST FL 33947		2 4 CITY						
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NAME			32 NAM	Ē					
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TITLE		□ DELETE	41 TITLE				[] Change	[] Addition	
NAME			4 2 NAM	Ē					
STREET ADDRESS			4.3 STRE	ET ADORESS					
CITY-ST-ZIP		Floress	4.4 CITY			-	F13 Ch	F 1 A	
TITUE		T DELETE	5.1 TITUE 5.2 NAM				[]] Change	[] Addition	
NAME			- 6	: ETADURESS				}	
STREET ADDRESS			5 4 CITY						
CITY-ST-ZIP TITLE		[] DELETE	6 1 TITLE				[] Change	[]Addition	
NAME		C) Pincie	6.2 NAM				C.) C	£ 11.004 01.	
STREET ADORESS				ET ADDRESS					

6.4 CITY-S1-ZIP 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 tegal effect as if made under cath, 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, with all other like empowered.

BLANCA E. TINGLEY V-PRESIDENT 3-23-99/