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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90204 034 ***150.00

DOCUMENT # G30951

1. Corporation Name

CLAIMS	MANAGEMENT CORPO	HATIUN										
Principal Place	e of Rusiness	Ma	ailing Address				-	F END HILL OFICE IN		IIZ BIBII BIBII I	riuli Oil	OLI BIRILI FREI
C/O TED COPF			O TED COPPOLA									
4900 33RD AVE. N. 4900 33RD AVE. N.												
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710				l				DO NOT V	VRITE IN TH	IIS SPACE	<u> </u>	·
US US								porated or Quali	fed			
							03/29/19	983				
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Numbe				App	lied For
21		26					59-2281	<u>5</u> 18				Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				E Cortificate	of Status Desire	d 🗀 .			dditional 🔔
22		27					3. Outmodie			· Fe	e Req	uired
City & State City & State						6. Election Ca	ampaign Financi	ng 🗆	\$ 5.	, 00 n	May Be	
23		28					Trust Fund	Contribution		Add	ded to	Fees
Zip	Country		Zip	Cour	itry		8. This corpo	ration owes the	current year		_	_ 1
24	25	29		30			<u> </u>	roperty Tax		Yes	[□No
	9. Name and Address of Cu	urrent Regis	tered Agent				10. Name and	Address of Ne	w Register	ed Agent		
					81 N	lame						
	PPOLA, TED			-	82 S	treet Addre	ss (P.O. Box Nu	mber is Not Acc	entable)			
	0 33 AVE NO				-		00 (1.01.00					
ST. I	PETERSBURG FL 33710			-	83							
									· ·	lest	Zip Co	odo.
					84 C	ity			F	L 85	Zip Ci	oue
office or r	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the o	State of Florid	ia. Such change was a	utnorized	by the	corporation	n's board of direc	tors. I hereby a	ccept the ap	pointment a	as regi	istered
_												
SIGNATURE	Signature, typed or printed name of registere	ed agent and title i	f applicable. (NOTE	: Registered A		nature required v	when reinstating)		DATE		OT0-	
_	Signature, typed or printed name of registere OFFICER:		f applicable. (NOTE	: Registered A	igent sig	nature required v		/CHANGES TO				
SIGNATURE	Signature, typed or printed name of registere OFFICER:	ed agent and title i	f applicable. (NOTE	: Registered A 13. 1.1 ΠΠ	igent sign	nature required v		/CHANGES TO		AND DIRE		RS IN 12
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SIGNATURE 12. TITLE	Signature, typed or printed name of registers OFFICER: DP COPPOLA, TED 4900 33 AVE N	ed agent and title i	f applicable. (NOTE	13. 1.1 TITL 1.2 NAM	igent sign			/CHANGES TO				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registers OFFICER: DP COPPOLA, TED	ed agent and title i	f applicable. (NOTE CTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	igent sign	DRESS		/CHANGES TO		☐ Cha	nge	☐ Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registers OFFICER: DP COPPOLA, TED 4900 33 AVE N	ed agent and title i	f applicable. (NOTE CTORS	13. 1.1 TITL 12 NAA 1.3 STR	E AE EET ADO Y-ST-ZIF	DRESS		/CHANGES TO		☐ Cha	nge	☐ Addition
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6.4 CITY-ST-ZIP CITY-ST-ZIP With this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 elever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplication indicated on this annual report or supplier officer or director of the corporation or the religious 12 or Block 13 if changed, or on all of the corporation of the religious 12 or Block 13 if changed, or on all of the corporation of the religious 12 or Block 13 if changed, or on all of the corporation of the corporatio nt with an address, with all other like empowered.

SIGNATURE: _

ATURE REQUIRED

127-524-2277