SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUG
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO 75.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 AUG 23 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G65460

1. Corporation Name
GULF COAST CLAIM SERVICE, INC.

Principal Place of Business
P.O. BOX 280
HOMOSASSA SPG'S FL. 34447

Mailing Address

2. Principal Place of Business
21 4652 W. OSAGE PL
22
23 ~~Bev~~ BEVERLY HILLS FL
24 34465 25

2a Mailing Address
26 P.O. BOX 280
27
28 HOMOSASSA SPG'S FL.
29 34447 30

3. Date Incorporated
1984

3a
JUNE 95

4. FEI Number
59-2343100

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financial Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has elected to be governed by the provisions of Florida Statutes [ ] Yes X No

9. Name and Address of Current Registered Agent
MARK SMITH
c/o GOLDBERG, GOLDSTEIN & BUCKLEY P.A.
1515 BROADWAY
FT. MYERS FLA 33902

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of F.S. [illegible] I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of such position as provided in Florida Statutes.

SIGNATURE

12.
TITLE PRES/TREAS
NAME DOROTHY KLOMPARENS
STREET ADDRESS 4652 W. OSAGE PL
CITY, STATE, ZIP BEVERLY HILLS FLA 34465
TITLE V/P & SECT
NAME PAUL KLOMPARENS
STREET ADDRESS 4652 W. OSAGE PL
CITY, STATE, ZIP BEVERLY HILLS FL 34465

13.
200001955452
-09/24/96--01172--010
****225.00 ****225.00

SP 8/23/96

14. [illegible]

SIGNATURE: Paul Klomparens 8/5/96 ~~352-795-1120~~ 352-382-4816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL KLOMPARENS

C92E024 (3/96)