

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G78970** (2)

1. Corporation Name

TRAVEL ADJUSTERS OF FT. LAUDERDALE, INC.



Principal Place of Business

Mailing Address

5601 N.W. 15TH AVENUE
FT. LAUDERDALE FL 33306

5601 N.W. 15TH AVENUE
FT. LAUDERDALE FL 33306

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

01/13/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2362054

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

POSNER, SUSAN
5601 NW 15TH AVE.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 type, for public use only (registered agent and limited applicable)

(NOTE: Registered Agent signature required when first change)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PVS
NAME: POSNER, SUSAN
STREET ADDRESS: 5601 NW 15 AVE.
CITY-ST-ZIP: FT LAUDERDALE FL

TITLE: T
NAME: POSNER, SUSAN
STREET ADDRESS: 5601 NW 15 AVE.
CITY-ST-ZIP: FT LAUDERDALE FL

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

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

11 TITLE: [] Change [] Addition
12 NAME: []
13 STREET ADDRESS: []
14 CITY-ST-ZIP: []

21 TITLE: [] Change [] Addition
22 NAME: []
23 STREET ADDRESS: []
24 CITY-ST-ZIP: []

31 TITLE: [] Change [] Addition
32 NAME: []
33 STREET ADDRESS: []
34 CITY-ST-ZIP: []

41 TITLE: [] Change [] Addition
42 NAME: []
43 STREET ADDRESS: []
44 CITY-ST-ZIP: []

51 TITLE: [] Change [] Addition
52 NAME: []
53 STREET ADDRESS: []
54 CITY-ST-ZIP: []

61 TITLE: [] Change [] Addition
62 NAME: []
63 STREET ADDRESS: []
64 CITY-ST-ZIP: []

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***225.00

6-28-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.06(1)(c) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Posner

6/11/96

DATE

CR2E034 (3/96)