

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90011 037 ***150.00

DOCUMENT #

1. Corporation Name

H 56086

CLAIM SECURITY CORPORATION

Principal Place of Business

Mailing Address

3839 NORTH ANDREWS AVE
OAKLAND PARK, FL 33309

3839 N. ANDREWS AVE
OAKLAND PARK, FL
33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-2-85

4. FEI Number

59-2552272

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 owes the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAN, ROBERT J
3839 NORTH ANDREWS AVE
OAKLAND PARK, FL 33309

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME MORAN, ROBERT J
STREET ADDRESS 3839 N. ANDREWS AVENUE
CITY-ST-ZIP OAKLAND PARK FL 33309

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert J Moran

7-2-99

364-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H56086

CLAIM SECURITY®

CORPORATION

P.O. BOX 2261

POMPANO BEACH, FLORIDA 33061

ROBERT J. MORAN
LAUREENE M. WINDAU
CHRISTOPHER E. MARTIN
JOSEPH MARIO CAROSCIO

TELEPHONE
(954) 564-7744
TOLL FREE
1-800-329-7744
FACSIMILE
(954) 564-9095

July 6, 1999

Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Claim Security Corporation Corporate Charter No. H56086

To whom it may concern:

Please find enclosed a completed Annual Report for Claim Security Corporation for 1999.

According to the form this is a second notice, however, I never received a first notice. I would point out that in the 15 years Claim Security has been in business in the State of Florida, my company has never been late filing an Annual Report. I have three (3) companies incorporated in Florida, the other two of which were incorporated in 1992 and 1994 respectively. As with Claim Security Corporation, neither of those companies ever filed a late Annual Report.

As I have already pointed out in the letter attached to the Annual Report for Factel, Inc., the renewal fee is excessive. As I have also stated, I believe a \$400 penalty fee is so outrageous that it is almost unbelievable that any fair minded agency could ever impose such a punitive penalty on a Florida business.

I have enclosed a check for \$150 representing the original filing fee. If this fee is not acceptable, please advise and I will reconfigure Claim Security Corporation as a sole proprietorship. Needless to say, there is no way I will ever pay \$550 to the State of Florida for the privilege of being incorporated in this state.

Sincerely,



Bob Moran

Enclosure: \$150 Filing Fee