

***FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H65974 (8)

1. Corporation Name
CLAIMS REVIEW, INC.



Principal Place of Business: **PO BOX 270544 TAMPA FL 33688**
Mailing Address: **PO BOX 270544 TAMPA FL 33688**

2. Principal Place of Business: **21**
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address: **26**
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualified: **07/11/1985**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **59-2646953**
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
**KODISH, MARK
4908 BOYNTON CT.
TAMPA FL 33625**

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: **MARK R. KODISH** (Typed name) *Mark R. Kodish* (Signature) **2-5-96** (Date)
Signature of Special Agent (if registered agent) (Typed name) (Signature) (Date)
Signature of Registered Agent (if not registered agent) (Typed name) (Signature) (Date)

12. OFFICERS AND DIRECTORS

DELETE

PD
NAME: **KODISH, MARK R.**
STREET ADDRESS: **4908 BOYNTON CT.**
CITY-STATE-ZIP: **TAMPA FL**

DELETE

D
NAME: **KODISH, ROSALIND S.**
STREET ADDRESS: **4908 BOYNTON CT.**
CITY-STATE-ZIP: **TAMPA FL**

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 119.07(3)(k), 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: **MARK R KODISH** *Mark R. Kodish* **2/5/96** **813-968-6437**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)