

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 AUG -1 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>12/20/1985</b>   | 3a. Date of Last Report<br><b>02/14/1996</b>           |
| 4. FEI Number<br><b>59-2617742</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |   |
|--|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|



DOCUMENT # **H91374** (9)  
1. Corporation Name  
**FINANCIAL CLAIMS CONTROL, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>5414 BEAUMONT CENTER BLVD. SUITE 200<br/>P.O. BOX 22654<br/>TAMPA FL 33634</b> | Mailing Address<br><b>5414 BEAUMONT CENTER BLVD. SUITE 200<br/>P.O. BOX 22654<br/>TAMPA FL 33634</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>STEVENS, GREGORY R.<br/>5414 BEAUMONT CENTER BLVD.<br/>SUITE 200<br/>TAMPA FL 33634</b> |  |
|---|--|

|  |  |
|--|--|
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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                      | DP <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STEVENS, GREGORY R.</b>         | 1.2 NAME  | <b>500002262166--2</b>  |
| STREET ADDRESS             | <b>3516 EASTLAKE DR.</b>           | 1.3 STREET ADDRESS                                    | <b>-08/08/97--01120--005</b>                                      |
| CITY-ST-ZIP                | <b>LAND O LAKES FL</b>             | 1.4 CITY-ST-ZIP                                       | <b>****173.75 ****173.75</b>                                      |
| TITLE                      | D <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STEVENS, DAVID A.</b>           | 2.2 NAME  |   |
| STREET ADDRESS             | <b>11661 FOX CREEK DR.</b>         | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STEVENS, ALICE M.</b>           | 3.2 NAME  |   |
| STREET ADDRESS             | <b>6521 SEAFARER DRIVE</b>         | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |   |

14. I do 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 attachment with an address.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

CR2E034 (4/97)



**Financial Claims Control, Inc.**

5414 Beaumont Center Blvd. • Suite 200 • Tampa, FL 33634  
(813) 886-7166 • (800) 329-3224

July 18, 1997

*Re Sent  
7/31/97  
with check # 15861*

Division of Corporations  
Attn: Annual Report  
409 E. Gaines St.  
Tallahassee, FL 32399

RE: Annual Report

Dear Sir/Madam,

Please be advised we sent our annual report renewal in January 1997. We have issued a stop payment on check #14861 in the amount of \$173.75.

We request you waive the penalty of \$385.00. I have enclosed a copy of the stop payment request with Sun Trust Bank.

Our replacement check and report are also enclosed.

If you have any questions, please contact me at (800)456-7086. If you require the penalty please contact me by phone by 7/23/97.

Sincerely,

Greg Stevens

GRS/gs  
encl.