

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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



Principal Place of Business Mailing Address  
5414 BEAUMONT CENTER BLVD. SUITE 200 5414 BEAUMONT CENTER BLVD. SUITE 200  
P.O. BOX 22654 P.O. BOX 22654  
TAMPA FL 33634 TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/20/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2617742	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
STEVENS, GREGORY R. 5414 BEAUMONT CENTER BLVD. SUITE 200 TAMPA FL 33634				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				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, 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	1.1 TITLE	P
NAME	STEVENS, GREGORY R.	1.2 NAME	GREGORY R. STEVENS
STREET ADDRESS	3516 EASTLAKE DR.	1.3 STREET ADDRESS	3540 SWANS LANDING
CITY-ST-ZIP	LAND O LAKES FL	1.4 CITY-ST-ZIP	LAND O LAKES, FL. 34639
TITLE	D	2.1 TITLE	VP
NAME	STEVENS, DAVID A.	2.2 NAME	GENE COLLINS
STREET ADDRESS	11861 FOX CREEK DR.	2.3 STREET ADDRESS	757 HWY. 98 E #43
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	DESTIN FL. 32541
TITLE	D	3.1 TITLE	SD
NAME	STEVENS, ALICE M.	3.2 NAME	MARY MALONEY
STREET ADDRESS	6521 SEAFARER DRIVE	3.3 STREET ADDRESS	757 HWY. 98E #14-140 DESTIN, FL
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	32541
TITLE		4.1 TITLE	TD
NAME		4.2 NAME	BILLY R. PITCHER
STREET ADDRESS		4.3 STREET ADDRESS	17619 SURREY WEST LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SPRING TX. 77379
TITLE		5.1 TITLE	D
NAME		5.2 NAME	JOHN MALONEY
STREET ADDRESS		5.3 STREET ADDRESS	757 HWY 98E #14-140
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DESTIN FL. 32541
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*[Handwritten Signature]* 2/15/98 (P/R) FEB-21/98

CR2E034 (10/97)