

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 # **J72871** (3)

1. Corporation Name
CLAIM ASSISTANTS, INC.



Principal Place of Business: **% PEGGY A. EDELHEIT 902 CLINT MOORE RD #146 BOCA RATON FL 33487-2846**
Mailing Address: **% PEGGY A. EDELHEIT 902 CLINT MOORE RD #146 BOCA RATON FL 33487-2846**

3. Date Incorporated or Qualified: **05/15/1987**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-2804192**
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

21. Principal Place of Business: State, Apt. #, etc. 22. City & State 23. Zip 24. Country
25. County
26. Mailing Address: State, Apt. #, etc. 27. City & State 28. Zip 29. Country 30. County

9. Name and Address of Current Registered Agent: **EDELHEIT** ← SPELLING CORRECTION
EDELHEIT, ROBERT D 902 CLINT MOORE RD SUITE 146 BOCA RATON FL 33431
10. Name and Address of New Registered Agent: 81. Name: **EDELHEIT** 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 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EDELHEIT, ROBERT D		2. NAME	
STREET ADDRESS: 5887 NW 24TH AVE. #1202		3. STREET ADDRESS	
CITY, ST, ZIP: BOCA RATON FL		4. CITY, ST, ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BABYATSKY, BARBARA		22. NAME	
STREET ADDRESS: 902 CLINT MOORE RD STE 146		23. STREET ADDRESS	
CITY, ST, ZIP: BOCA RATON FL		24. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32. NAME	
STREET ADDRESS:		33. STREET ADDRESS	
CITY, ST, ZIP:		34. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME	
STREET ADDRESS:		43. STREET ADDRESS	
CITY, ST, ZIP:		44. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME	
STREET ADDRESS:		53. STREET ADDRESS	
CITY, ST, ZIP:		54. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME	
STREET ADDRESS:		63. STREET ADDRESS	
CITY, ST, ZIP:		64. CITY, ST, 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 of this report, or an attachment thereto with an address.

SIGNATURE: **ROBERT D. EDELHEIT**
DATE: **2/9/96** (407) 997-9892

CR2E034 (12/95)