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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J72917

(4)

MATERIAL DAMAGE ADJUSTMENT CORP. OF FLORIDA

Principal Place of Business 7640 SOUTHGATE BLVD. SUITE 4 NORTH LAUDERDALE FL 33068 US		Mailing Address 7840 SOUTHGATE BLVD. SUITE 4 NORTH LAUDERDALE FL 33068-1336 US			3. Date Incorporated or Qualified 05/15/1987 02/05/1996				
	lace of Business	2a. Mailing Address		_		4, FEI Number			plied For
Suite, Apt. #, etc		26 100 CHARLES HNDBERGH BLVO. Suite Apt. #, etc.		<u>D.</u>	11-2862061			t Applicable	
22		27				5. Certificate of Status Desired See Regulred Fee Regulred			
City & State		City & State				6. Election Campaign Financing		\$5.00	May Re
23		28 UNIONDALE, N	γ			Trust Fund Contribution	<u> </u>	Added t	
Zip	Cauntry	Zip	Country			8. This corporation has liability t			199.032,
24	25		30	usa		Florida Statutes 10. Name and Address of New	Yes _		
9. Name and Address of Current Registered Agent						10. Name and Address of New	registered A	gent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			81						
	1 Hays Street Te 105	82 Street A			Addres	ss (P.O. Box Number is Not Accep	itable)		
	LAHASSEE FL 32301		83						
IAL	CATAGORE FE SESOT		-				·	TagT 2:27	0-4-
			84	City			FL	85 Zip (Code
agent La	egistered agent, or both, in the State im farmiliar with, and accept the obligation Signature, typed or printed name of registered agen OFFICERS AND	it and title if applicable (NOTE				when reinstating) ADDITIONS/CHANGES TO OF	DATE		
TITLE	D	DELETE	1.1 TITLE		T	ADDITIONS/CITANGES TO OF		Change	Addition
NAME	WALLACH, ROBERT M.	Brown	1.2 NAME			•	·		
STREET ADDRESS 46 SCHOOL LANE				T ADDRESS	219	FEEKS LANE			
CITY-ST-ZIP	ALOUD HADDOD AND		1.4 CITY-ST-ZIP		MI	4 NECK, NY 11765			
TID.E	D DELETE 2.1		2.1 TITLE					Change	Addition
NAME	WALLACH, WILLIAM		2.2 NAME						
STREET ADORESS	1101 HARBOR ROAD		2.3 STREET ADDRESS				•		
CITY-ST-ZIP	HEWLETT HARBOR NY	The eve	2.4 CITY-ST-ZIP			**************************************	 	10	1 4 4 4 5 5 6 6
TITLE			3.1 TITLE				ı	Change	Addition
NAME OFFICE ASSESSED			3.2 NAME						
STREET ADDRESS	market and a second		3.4. CITY-	T ADDRESS					
CHY-ST-ZIP DTLF	V	X DELETE	4.1 TITLE	31.511	***************************************	***************************************	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	GOLDFARB, HOWARD		4, 2 NAME						
STREET ADDRESS	12225 NW 2ND PL		4.3 STREE	T ADDRESS					
CITY-S1-7IP	CORAL SPRINGS FL		4.4 CITY -	ST-ZIP					
BILE	S	☐ DELETE	5.1 TITLE					Change	Addition
NAME	NEZAMOODEEN, PHILBERT		5.2 NAME						
\$1REET ADDRESS	38 ROOSEVELT AVENUE		5.3 STREE	t address		•			
CITY-\$1-7₽			5.4 CITY -	ST-ZIP	 			Channe	Addition
TITLE		☐ DELETE		6.1 TITLE				Change	Addition
NAME orbitet Assonnee			62 NAME						
STREET ADDRESS		•	1	T ADDRESS		•			
011Y-S1-ZIP 14. I do here	to by certify that the information supplied	I with this filing does not qualify	64 CiTY-	emption)s	stated in	n Section 119.07(3)(i), Florida Stat	lutes. I further	certify that	the
informatio Lam an c appears	by certify that the information supplied on indicated on this annual report or s officer or director of the corporation or in Block 12 or Block 13 if changed, or	upplemental annual report is tru the receiver or trustric empowe on an attachment with an addr	e and acc red to exe ess.	urate and consums i	d that m report a	ny signature shall have the same las required by Chapter 607, Florid	egal effect as la Statutes; ar	if made un id that my r	der oath; that name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97

(5K) 228-5000

FILED

Feb 03 1997 8:00am

Secretary of State