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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J72917**

Block 12 or Block 13 if changed, or on an attache

(4)

MATERIAL DAMAGE ADJUSTMENT CORP. OF FLORIDA Principal Place of Business Mailing Address 7640 SOUTHGATE BLVD. 100 CHARLES LINDBERGH BLVD SUITE 4 UNIONDALE NY 11553-3631 DO NOT WRITE IN THIS SPACE NORTH LAUDERDALE FL 33068 3. Date Incorporated or Qualified 05/15/1987 2. Principal Place of Business Mailing Address FEI Number Applied For 999 STEWART 11-2862061 Not Applicable 21 26 Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Etection Campaign Financing \$5.00 May Be BETHDAGE Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE FL 32301 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.0502, 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 requirered agent and the if applicable (NOT). Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ■ DELETE Change Addition TITLE 1.1 TO LE WALLACH, ROBERT M. 1.2 NAME NAME 219 FEEKS LN 1.3 STREET ADDRESS STREET ADDRESS MILL NECK NY CITY-ST-ZIP 1.4 CITY - ST- ZIP DELFTE Addition THILE D 2.1 HHE ☐ Change WALLACH, WILLIAM NAME 2.2 NAME 1101 HARBOR ROAD STREET ADDRESS 2.3 STREET ADDRESS HEWLETT HARBOR NY CITY-ST-ZIP 2 4 City - \$1 - 20 DELFTE Change Addition TITLE 3.1 TITLE ISAACS, LAWRENCE NAME 3.2 NAME 31 CEDAR DRIVE STREET ADDRESS 3.3 STREET ADDRESS DANBURY CT CITY-ST-ZIF 34 CITY-ST-ZIP Addition DELETE Change TITLE 4.1 101.6 NEZAMOODEEN, PHILBERT NAME 4. 2 NAME 38 ROOSEVELT AVENUE STREET ADDRESS 4.3 STREET ADDRESS EAST ROCKAWAY NY CHY-ST-7/P 4.4 CITY - ST - ZIP DLLETE **Addition** ☐ Change TITLE 5.1 TITLE LISA DRILLICH NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP CITY-ST-ZIP

14. Thereby 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 eport is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver of instance empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

with an address

FILED Jan 20 1998 8:00am Secretary of State