

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J85886 (6)

1. Corporation Name

CLAIMS INVESTIGATION AGENCY, INC.

Principal Place of Business

**1800 DOUGLAS ROAD #204
STE. #202
PEMBROKE PINES FL 33024
US**

Mailing Address

**1800 DOUGLAS ROAD, 204
STE. #202
PEMBROKE PINES FL 33024
US**

**APPROVED
AND
FILED**

95 APR 17 PM 3:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1987** 3a. Date of Last Report **04/20/1994**

4. FEI Number **65-0087971** Applied For ☐ Not Applicable ☐

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

2b. Mailing Address

30 Suite, Apt. #, etc.

31 City & State

32 Zip Country

33

9. Name and Address of Current Registered Agent

**BAVARO, LINDA
2100 N.W. 106TH AVE
PEMBROKE PINES FL 33026**

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 completing)

DATE

12. OFFICERS AND DIRECTORS

P
SIMMONS, JAMES
10401 SW 20 ST
DAVE FL

VP
SIMMONS, JANE
10401 S.W. 20TH STREET
DAVE FL

D
VEGA, WILLIAM
8231 S.W. 140TH COURT
MIAMI FL

NAME
STREET ADDRESS
CITY - ST - ZIP

NAME
STREET ADDRESS
CITY - ST - ZIP

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 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 if changed, or on an attachment with an address.

SIGNATURE: *James S. Simmons* **JAMES S. SIMMONS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95

DATE

-305-436-7701

TELEPHONE NUMBER