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FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
STE. #202  
PEMBROKE PINES FL 33024  
US

Mailing Address

1800 DOUGLAS ROAD  
STE. #202  
PEMBROKE PINES FL 33024-3200  
US

3. Date Incorporated or Qualified  
07/29/1987

3a. Date of Last Report  
04/15/1996

2. Principal Place of Business

21 1808 N. UNIVERSITY DR.

Suite, Apt. #, etc.

22 PLANTATION, FL.

City & State

23 33322

Zip

24 33322

Country

25 BROWARD

2a. Mailing Address

26 1808 N. UNIVERSITY DR.

Suite, Apt. #, etc.

27 PLANTATION, FL.

City & State

28 33322

Zip

29 33322

Country

30 BROWARD

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

9. Name and Address of Current Registered Agent

BAVARO, LINDA  
2100 N.W. 108TH 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: Linda Bavarro

Signature of person providing notice of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SIMMONS, JAMES  
STREET ADDRESS 10401 SW 20 ST  
CITY-ST-ZIP DAVIE FL

TITLE VP ☐ DELETE

NAME SIMMONS, JANE  
STREET ADDRESS 10401 S.W. 20TH STREET  
CITY-ST-ZIP DAVIE FL

TITLE D ☒ DELETE

NAME VEGA, WILLIAM  
STREET ADDRESS 8231 S.W. 140TH COURT  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: James S. Simmons James S. Simmons

2-12-97

800-966-3463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)