

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90062 018 ***150.00

DOCUMENT # **J85886**

1. Corporation Name

CLAIMS INVESTIGATION AGENCY, INC.



Principal Place of Business

**1808 N. UNIVERSITY DR.
STE. #202
PLANTATION FL 33322
US**

Mailing Address

**1808 N. UNIVERSITY DR.
STE. #202
PLANTATION FL 33322
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1987

4. FEI Number

65-0087971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6861 Orange Drive

Suite, Apt. #, etc.

City & State

23 DAVIE, FL. 33314

Zip Country

24 33314

25 US

2a. Mailing Address

26 6861 Orange Drive

Suite, Apt. #, etc.

City & State

27 DAVIE, FL. 33314

Zip Country

28 33314

29 US

9. Name and Address of Current Registered Agent

**BUCHANAN, TRACEY
2211 SW 43RD AVE
FT. LAUDERDALE FL 33317**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **SIMMONS, JAMES**
CITY-ST-ZIP **10401 SW 20 ST**
DAVIE FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **SIMMONS, JANE**
CITY-ST-ZIP **10401 S.W. 20TH STREET**
DAVIE FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **SIMMONS, RACHAEL**
CITY-ST-ZIP **10401 SW 20TH STREET**
DAVIE FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **SIMMONS, STEPHEN**
CITY-ST-ZIP **10401 SW 20TH STREET**
DAVIE FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **SIMMONS, REBECCA**
CITY-ST-ZIP **10401 SW 20TH STREET**
DAVIE FL

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 **Sec. Nicholas Kuzinzi**
1.3 STREET ADDRESS **5601 A SAILFISH DRIVE**
1.4 CITY-ST-ZIP **Lutz, FL. 33549**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)