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Jan 14 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 # K00611 (9)  
1. Corporation Name  
FLORIDA CLAIMS BUREAU, INCORPORATED



Principal Place of Business: 8320 S. TAMIAHI TR. SARASOTA FL 34238  
Mailing Address: 8320 S. TAMIAHI TR. SARASOTA FL 34238-2834

3. Date Incorporated or Qualified: 10/12/1987  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 873 S. Tomiami Tr, Osprey, FL 34229  
2a. Mailing Address: P.O. 159, Osprey, FL 34229

4. FEI Number: 59-2546148  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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: ROBINSON, ERNEST F., 620 N. PORTIA ST., NOKOMIS FL 34275  
1601 B Pelican Pt., Pr. Sarasota FL 34234

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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] DATE: 2/1/97

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains data for Robinson, Ernest F. and 873 S. Tomiami Tr.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains data for additions/changes to officers and directors.

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: [Signature] DATE: 1/16/97 941-966-1198

CR2E034 (9/96)