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Mar 21 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 # K06370 (6)

1. Corporation Name:
SPECIALTY CLAIMS ADJUSTERS, INC.



Principal Place of Business
8300 WEST FLAGLER STREET SUITE #250
MIAMI FL 33144

Mailing Address
8300 WEST FLAGLER STREET SUITE #250
MIAMI FL 33144-2096

3. Date Incorporated or Qualified
12/10/1987

3a. Date of Last Report
04/11/1996

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

4. FEI Number

65-0018729

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

RICCIARDELLI, RICK
8300 WEST FLAGLER STREET SUITE #250
MIAMI FL 33144

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 of registered agent or authorized officer of corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PD	RICCIARDELLI, JOHN	8300 WEST FLAGLER ST	MIAMI FL	<input type="checkbox"/>
VD	BORGES, DENICE	8300 WEST FLAGLER ST	MIAMI FL	<input type="checkbox"/>
STD	RICCIARDELLI, DEBBIE W.	8300 WEST FLAGLER ST	MIAMI FL	<input type="checkbox"/>
D	RICCIARDELLI, RIKKI	8300 WEST FLAGLER ST	MIAMI FL	<input type="checkbox"/>
D	TURTURRO, ALICIA	8300 WEST FLAGLER ST	MIAMI FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0200685

CR2E034 (9/96)