FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
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 # **K07612** **(0)**

1. Corporation Name
AMERICAN LOSS ADJUSTMENT COMPANY

Principal Place of Business	Mailing Address
[redacted]	[redacted]

3. Date Incorporated or Qualified: **12/17/1987**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business
21 2803 W. Busch Blvd.
22 Suite, Apt. #, etc.: Suite 200
23 City & State: Tampa, FL
24 Zip: 33618
25 Country: USA

2a. Mailing Address
26 126 Business Park Drive
27 Suite, Apt. #, etc.: P.O. Box 89
28 City & State: Utica, NY
29 Zip: 13503-0089
30 Country: USA

4. FEI Number: **59-2864304** ☐ 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

TUNNICLIFF, CYNTHIA S
215 SOUTH MONROE STREET
2ND FLOOR
TALLAHASSEE FL 32301

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 Section 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: [redacted] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: ST	☐ DELETE	1.1 TITLE: President ☐ Change ☑ Addition
NAME: MILITELLO, JOHN P.		1.2 NAME: Victor Holl
STREET ADDRESS: 1001 MEADOW LANE		1.3 STREET ADDRESS: 126 Business Park Drive
CITY-ST-ZIP: HERKIMER NY		1.4 CITY-ST-ZIP: Utica, NY 13502
TITLE: D	☐ DELETE	2.1 TITLE: ☐ Change ☐ Addition
NAME: CUCCARO, RONALD A.		2.2 NAME:
STREET ADDRESS: 2230 DOUGLAS CRESCENT		2.3 STREET ADDRESS:
CITY-ST-ZIP: UTICA NY		2.4 CITY-ST-ZIP:
TITLE: D	☐ DELETE	3.1 TITLE: ☐ Change ☐ Addition
NAME: LEVIN, GERALD		3.2 NAME:
STREET ADDRESS: EATONVILLE RD.		3.3 STREET ADDRESS:
CITY-ST-ZIP: HERKIMER, NY.		3.4 CITY-ST-ZIP:
TITLE: P	☑ DELETE	4.1 TITLE: ☐ Change ☐ Addition
NAME: SMITH, RICHARD R.		4.2 NAME:
STREET ADDRESS: 115 ARLINGTON RD		4.3 STREET ADDRESS:
CITY-ST-ZIP: UTICA NY		4.4 CITY-ST-ZIP:
TITLE: V	☑ DELETE	5.1 TITLE: ☐ Change ☐ Addition
NAME: TOUKATLY, JAMES		5.2 NAME:
STREET ADDRESS: 1135 O'DAY DRIVE		5.3 STREET ADDRESS:
CITY-ST-ZIP: WINTER SPRINGS FL 32708		5.4 CITY-ST-ZIP:
TITLE:	☐ DELETE	6.1 TITLE: ☐ Change ☐ Addition
NAME:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:

CR2E034 (9/96)

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: Victor Holl, Pres. Victor Holl, President 03/03/97 315.797.1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #