

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 4:00

DOCUMENT # K32944 (6)

1. Corporation Name

W P B CLAIMS CORP.

Principal Place of Business

**1508 N MILITARY TRAIL
#209
W PALM BEACH FL 33409
US**

Mailing Address

**P O BOX 17098
W PALM BEACH FL 33416-098
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/07/1988

3a. Date of Last Report

04/13/1994

4. FEI Number

65-0072136

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STURGEON, KENNETH W.
4160 CLEARVIEW TER
W. PALM BCH FL 33417**

81 Name

None

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

N/A

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	STURGEON, KENNETH W.
STREET ADDRESS	4160 CLEARVIEW TER
CITY- ST- ZIP	W. PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	None
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	
2.2 NAME	☐ Change ☐ Addition
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	
3.2 NAME	☐ Change ☐ Addition
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	
4.2 NAME	☐ Change ☐ Addition
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	
5.2 NAME	☐ Change ☐ Addition
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	
6.2 NAME	☐ Change ☐ Addition
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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:

Kenneth W. Sturgeon

Kenneth W. Sturgeon 2/20/95 407-478-0140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #