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1995

DOCUMENT # L48176 (6)

CROTON CHIROPRACTIC CLINIC, P.A.

C/O THOMAS F. FRAUENHOFER
2025 W. EAU GALLIE BLVD.
MELBOURNE FL 32935

C/O THOMAS F. FRAUENHOFER
2025 W. EAU GALLIE BLVD.
MELBOURNE FL 32935

3. 02/02/1990

3a. 04/28/1994

4. 59-2985707

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FRAUENHOFER, THOMAS F.
2025 W. EAU GALLIE BLVD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

84 FL

12. D
FRAUENHOFER, THOMAS F.
2025 W. EAU GALLIE BLVD.
MELBOURNE FL

SIGNATURE: Thomas F. Frauenhofer Thomas F. Frauenhofer April 30, 1995 (407)259-1509
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

0000004 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **L49877** (8)

1. **PUBLIC ADJUSTMENT BUREAU, INC.**

2950 FLORIDA BLVD.
DELRAY BCH. FL 33483

2950 FLORIDA BLVD.
DELRAY BCH. FL 33483

3. 02/14/1990

3a. 05/01/1994

21 947 Hyacinth

22

23 Delray Beach FL

24 33483 25 USA

26 947 Hyacinth

27

28 Delray Beach FL

29 33483 30 USA

4. FEI Number: 65-0148187 — Applied For / Not Applicable

5. $8.75 Additional Fee Required

6. $5.00 May Be Added to Fees

8. [X]

9. Name and Address of Current Registered Agent

MALLOY, SUSAN A
2950 FLORIDA BLVD.
DELRAY BCH. FL 33483

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Are Not Acceptable)

947 Hyacinth

83

84 Delray Beach FL 85 33483

11.

12.

PST
MALLOY, SUSAN A.
~~2950 FLORIDA BLVD.~~ 947 Hyacinth
~~DELRAY BEACH FL~~ Delray Beach FL 33483

13. ADDITIONAL NAMES (OFFICERS AND DIRECTORS)

14.

SIGNATURE: Susan A. Malloy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

Date

407-697-1249

Daytime Phone #

0270437 CP