

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L71004 (0)  
1. Corporation Name  
CLAIMS SYSTEM AUDITORS, INC.



Principal Place of Business  
3802 EHRICH RD. 308  
TAMPA FL 33624

Mailing Address  
3802 EHRICH RD. 308  
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3959 Van Dyke Road		26 3959 Van Dyke Road		05/04/1990	
22 Suite, Apt #, etc. 223		27 Suite, Apt #, etc. Suite 223		4. FEI Number 59-3006237	
23 City & State Lutz FL		28 City & State Lutz FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33549		29 Zip 33549		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Hillsborough		30 Hillsborough		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MULLALLY, MARY JEAN 15147 SPRINGVIEW ST TAMPA FL 33624		81 Name Mary Jean Mullally	
		82 Street Address (P.O. Box Number is Not Acceptable) 18015 Sparrows Nest Drive	
		83	
		84 City Lutz FL 85 Zip Code 33549	

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 *M. Mullally* 4/21/98  
Signature of person or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	MULLALLY, MARY JEAN	1.2 NAME	Mary Jean Mullally
STREET ADDRESS	15147 SPRINGVIEW ST	1.3 STREET ADDRESS	18015 Sparrows Nest Dr
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Lutz FL 33549
TITLE	VP	2.1 TITLE	VP
NAME	LUCIANO, FRAN	2.2 NAME	Luciano, Fran
STREET ADDRESS	15406 PLANTATION OAKS DR	2.3 STREET ADDRESS	18026 Sparrows Nest Dr
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	000002514700
STREET ADDRESS		5.3 STREET ADDRESS	-05/07/98--01010--050
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *M. Mullally* 4/21/98 265-1800  
Signature of person or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97)