

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90059 037 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L71004**

1. Corporation Name
CLAIMS SYSTEM AUDITORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3959 VAN DYKE ROAD
 SUITE 223
 LUTZ FL 33549**

Mailing Address
**3959 VAN DYKE ROAD
 SUITE 223
 LUTZ FL 33549**

3. Date Incorporated or Qualified
05/04/1990

2. Principal Place of Business
8875 Hidden River Pkwy

2a. Mailing Address
← Same

4. FEI Number
59-3006237

22. Suite, Apt. #, etc.
Suite 300

27. Suite, Apt. #, etc.
← Same

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State
Tampa, Fl. Hills.

28. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **33637** Country **US**

29. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**MULLALLY, MARY JEAN
 18015 SPARROWS NEST DR
 LUTZ FL 33549**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MULLALLY, MARY JEAN	
STREET ADDRESS	18015 SPARROWS NEST DR	
CITY-STATE-ZIP	LUTZ FL 33549	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LICIANO, FRAN	
STREET ADDRESS	18015 SPARROWS NEST DR	
CITY-STATE-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP Luciano, Fran
2.3 STREET ADDRESS	18015 Sparrows Nest Dr.
2.4 CITY-STATE-ZIP	Lutz, FL 33549
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: **Fran Luciano / Fran Luciano** Date: **4-26-99** Daytime Phone #: **813-265-1800**

CR2E034 (1/198)