

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90104 039 ***150.00

DOCUMENT # L76839

1. Corporation Name

9240 CLAIMS CORPORATION

Principal Place of Business

**6067 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024**

Mailing Address

**6067 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1990

4. FEI Number

65-0198775

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2599 NW 63RD LANE

2a. Mailing Address

26 2599 NW 63RD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BOCA RATON, FLORIDA

City & State

28 BOCA RATON, FLORIDA

Zip

24 33496

Country

25 U.S.A.

Zip

29 33496

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**ROSNER, DAVID N.
6067 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2599 NW 63RD LANE

83

84 City
BOCA RATON

FL

85 Zip Code
33496

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROSNER, JEFFREY	
STREET ADDRESS	6067 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SUTTON, RANDY	
STREET ADDRESS	6067 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEARS, MICHELLE	
STREET ADDRESS	6067 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5701 STIRLING ROAD
1.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5701 STIRLING ROAD
2.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	318 E. RIVERBEND DRIVE
3.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33328
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Randy Sutton

RANDY D. SUTTON

4/30/99

(954) 316-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0145316