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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

M13887

(8)

CLAIM ASSOCIATES, INC.

Emnopal Place of Busi	ness
P.O. BOX 7363	
DAYTONA BEACH S	SHORES FL 32116

Mailing Address

P.O. BOX 7363
DAYTONA REACH SHORES EL 20146



						A Coto le constant	5 -re ·	1. 6	·
						3. Date Incorporated or 04/12/1985	Liualified	3a. Date of Last P 01/20/19	•
Principal Pla	ace of Business	2a. Mailing Addr	ress			4. FEI Number			Applied For
Suite, Apt. #		26 Suite, Apt. #	. ele			59-2524723		····	Not Applicab
		27]	r, etc.			5. Certificate of Status D	esired	1 1	5 Additional Required
Orty & State		City & State				6. Election Campaign Fir	ancing	<u> </u>	May Be
		28				Trust Fund Contribution		Adde	d to Fees
Zψ	Country 25	Zip 29	 	ountry		8. This corporation has fi			199.032,
	9. Name and Address of Cure	1 1	[30]	- 1		Florida Statutes 10. Name and Address	Yes	_	
				81	Name	ID. Hamo and Addies	OI 18040 INC	Sistered Agent	
SIMBER	G, BRUCE F.			00		(DO D. H.)			
	OLLYWOOD BLVD			82	Street Add	ress (P.O. Box Number is Not	Acceptable O D	BLVD	
HOLLYV	VOOD FL-33020		•	83	<u>-</u>		•		·
					0.				
			>	84	City			FI 85 4	13021
Pursuant to	the provisions of Sections 607.05	502 and 607.1508, Florid	ia Statutes, the at	oove-n	amed corpo	ration submits this statement f	or the purp		
-o-registere -famil ar with	ed agent, or both, in the State of Fl n, and accessible obliget unside, Se	lorida. Such charige was ection 607.0505 Morida.	authorized by the Statutes	e corpo	pration's boa	ard of directors. Thereby accep	t the appoi	intment as registered	l agent. I am
NATURE .		Control (Control	Glaigios.						
	Stuncture, good or printed han ellof registered ag	joid and title if applicable	(NOTE Register	ed Agent	signature require	ed when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·
		AND DIRECTORS	13		• • • • • • • • • • • • • • • • • • • •	ADDITIONS/CHANGES	S TO OFFIC	CERS AND DIRECTO	ORS IN 12
- 1	DP								
		☐ DEL	ETE 1. 1	TITLE				☐ Change	
	SICKER, ARTHUR	_		TITLE Name					
LADORESS	SICKER, ARTHUR 2767 S. ATLANTIC AVE.,	#202	1.2	NAME	ADDRESS				
EL ADORESS	SICKER, ARTHUR 2767 S. ATLANTIC AVE., DAYTONA BCH. SHORES	#202	1.2 13	NAME					
LADORESS	SICKER, ARTHUR 2767 S. ATLANTIC AVE., DAYTONA BCH. SHORES D	#202	1.2 1.3 1.4	NAME Street /					☐ Addition
	SICKER, ARTHUR 2767 S. ATLANTIC AVE., DAYTONA BCH. SHORES D SICKER, MARY ANN	#202 FL	1.2 13 14 EFE 2.1	NAME STREET / CHTY-ST				☐ Change	☐ Additio
1 A008: \$\$ \$1 - Zer	SICKER, ARTHUR 2767 S. ATLANTIC AVE., 9 DAYTONA BCH. SHORES D SICKER, MARY ANN 2767 S. ATLANTIC AVE., 9	#202 FL DEL:	1.2 1.3 1.4 ETE 2.1 2.2	NAME STREET / CHY-ST TITLE NAME				☐ Change	☐ Addition
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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 convoration 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:

SIGNATURE:

SIGNATURE SIGNATURE SIGNATURE

But Designe Proce #

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