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May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N16988 (0)

1. Corporation Name

SOUTH FLORIDA CLAIMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O RONALD P. PONZOLI
3250 MARY ST., SUITE 302
MIAMI FL 33133

C/O RONALD P. PONZOLI
3250 MARY ST., SUITE 302
MIAMI FL 33133-5232



3. Date Incorporated or Qualified
09/24/1986

3a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONZOLI, RONALD P.
3250 MARY ST.
SUITE 302
MIAMI FL 33133

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 617.0502 and 617.1508, 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 617.0503, 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	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, MIKERY	
STREET ADDRESS	8600 NW 53RD TERR. #120	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERQUIST, MARY	
STREET ADDRESS	6512 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JUNCADELIA, STEVE	
STREET ADDRESS	790 N.W. 107TH AVE., #300	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, BOB	
STREET ADDRESS	390 W. 22ND STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FARRIS, JOSEPH	
STREET ADDRESS	790 N.W. 107TH AVE., #300	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD G. OLYMPIO	
1.3 STREET ADDRESS	9250 W. FLAGLER ST Rm 6510	
1.4 CITY-ST-ZIP	MIAMI, FL 33174	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERQUIST, MARY	
2.3 STREET ADDRESS	SAME	
2.4 CITY-ST-ZIP	33024	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUNCADELLA, STEVE	
3.3 STREET ADDRESS	SAME	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVIS, BOB	
4.3 STREET ADDRESS	6175 NW 153 ST #401	
4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FARRIS, JOSEPH	
5.3 STREET ADDRESS	SAME	
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FARRELL, DANIEL	
6.3 STREET ADDRESS	6175 NW 153 ST #401	
6.4 CITY-ST-ZIP	MIAMI LAKES FL 33014	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026721

CR2E037 (9/96)