

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90023 043 ****61.25

DOCUMENT # N94000001907

1. Corporation Name

CLAIMS SUPPORT PROFESSIONALS ASSOCIATION, INC.

Principal Place of Business

500 E BROWARD BLVD SUITE 1650
FT LAUDERDALE FL 33394-3033

Mailing Address

500 E BROWARD BLVD SUITE 1650
FT LAUDERDALE FL 33394-3033



2. Principal Place of Business

21 **2455 E. Sunrise Blvd.**

2a. Mailing Address

26 **2455 E. Sunrise Blvd.**

3. Date Incorporated or Qualified

04/15/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0484327

Applied For

Not Applicable

22 **Suite 1201**

27 **Suite 1201**

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 **33304**

25 **USA**

29 **33304**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOGGE, JAMES R
500 E BROWARD BLVD SUITE 1650
FT LAUDERDALE FL 33394-3033

81 Name

HOGGE, JAMES R

82 Street Address (P.O. Box Number is Not Acceptable)

2455 E. Sunrise Blvd. Suite 1201

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33304

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **HOGGE, JAMES R**
STREET ADDRESS **1430 E LAKE DR**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **HOGGE, JAMES R**
1.3 STREET ADDRESS **2455 E. Sunrise Blvd. # 1201**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

TITLE **D** ☐ DELETE
NAME **HOGGE, JAMES H**
STREET ADDRESS **7170 N.W. 21 CT.**
CITY-ST-ZIP **SUNRISE FL 33313**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HOGGE, THOMAS A**
STREET ADDRESS **9320 N.W. 38 PLACE**
CITY-ST-ZIP **SUNRISE FL 33351**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-14-99

954-537-5556

CR2E037 (5/99)