

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

DOCUMENT # P93000006396 (4)

1995 MAY -1 AM 5:01

CLAIMS RESEARCH & INVESTIGATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

104 23RD STREET
BELLEAIR BEACH FL 34635

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BELLEAIR BEACH FL 34635

DO NOT WRITE IN THIS SPACE

3. Date of Last Report 01/27/1993	3a. Date of Last Report 05/01/1994
4. FIC Number 59-3162371	Applied For Not Applicable
5. Certificate of Status (Required) ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statute ☐ Yes ☒ No	

2. Principal Office (Required)	2a. Mailing Address
21. State of Florida	26. State of Florida
22. City, County	27. City, County
23. Zip	28. Zip
24. Name of Agent	25. Name of Agent
29. Name of Agent	30. Name of Agent

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWE, JAMES C
% RIDEN, EARLE & KIEFNER, P.A.
100 2ND AVE S SUITE 400
ST PETERSBURG FL 33716

81. Name	85. Zip Code
82. Street Address, P.O. Box Number or Not Applicable	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 199.031 and 199.032, Florida Statutes, the undersigned corporation hereby certifies that the information furnished herein is true and correct and that the corporation is in compliance with the provisions of Sections 199.031 and 199.032, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME PT WAGERS, JEFFREY W 104 23RD ST BELLEAIR BCH FL VPS	NAME ☐ Change ☐ Addition
NAME WASKI, KENNETH J 4715 WESTWIND DR PLANT CITY FL	NAME ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, for the corporation signed as follows: 199.032, Florida Statutes. I further certify that the information submitted on this filing report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if it were signed by the person or persons for whom the report or the report or supplemental report is prepared by a registered agent. I further certify that my signature is in compliance with the provisions of Sections 199.031 and 199.032, Florida Statutes.

SIGNATURE:

Jeffrey W. Wagers
SECRETARY AND VICE PRESIDENT OF CLAIMS RESEARCH & INVESTIGATION, INC.

4-25-95

813-870-0090

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FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P93000006882 (3)**

1. Corporation Name
ADA COMPLIANCE CONSULTANTS, INC.

APPROVED
FEB 15 1996

RECEIVED
FEB 15 1996
FLORIDA DEPARTMENT OF STATE

2. Principal Office Address
**4699 N. FEDERAL HWY.
#104-G
POMPANO BEACH FL 33064**

3. Alternate Office Address
**4699 N. FEDERAL HWY.
#104-G
POMPANO BEACH FL 33064**

4. Date of Last Report

01/25/1993 05/01/1994

21. Mailing Address
75 N.E. 6th Ave

26. Mailing Address
75 N.E. 6th Ave

22. State Apt. #
218-A

27. State Apt. #
218-A

23. City & State
Delray Beach, FL.

28. City & State
Delray Beach, FL.

24. 33444

25. Palm Beach

29. 33444

30. Palm Beach

9. Name and Address of Current Registered Agent

**GERHARDT, ROBERT E
4699 N. FEDERAL HWY.
#104-G
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81. Name
Gerhardt, Robert E.
82. Street Address
75 N.E. 6th Ave.
83. #
218-A
84. City & State
Delray Beach, FL
85. Zip
33444

11. Signature of President or Secretary of the Corporation and Title of Officer
Robert E. Gerhardt, Pres. — Robert E. Gerhardt, Pres. 4/28/95

12. PTSD
**GERHARDT, ROBERT E
1735 PALMLAND DR
BOYNTON BCH FL**

13. Any other information required by the Department of State

14. I certify that the information supplied with this filing is true and correct, and that I am the President or Secretary of the Corporation.

SIGNATURE:

Robert E. Gerhardt, Pres. 4/28/95