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

Mailing Address

FT LAUDERDALE FL 33340

POB 407059

2ND FLOOR

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000014651

Principal Place of Business

1439 S. POMPANO PARKWAY

POMPANO BEACH FL 33340

2ND FLOOR

NAME

TITLE

NAMÉ

STREET ADDRESS

STREET ADDRESS

1889 S 9007 570 PK 13

POSTAGE (TEXT)

CITY-ST-ZIP

EVERGLADES CLAIMS MANAGEMENT, INC.

	•				02/26/1993			
2 Principal Pt	lace of Business	2a. Mailing Address			4. FEI Number	Арі	plied For	ξ. Σ.
2. 1 11110000011		26			65-0390282	No	t Applicable	<u>و</u> در
Suite, Apt.	# etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 △	dditional	z.
22	, 5.5.	27			5. Centicate of Status Desired (25)	Fee Re	quired	
City & State	е	City & State			6. Election Campaign Financing	\$5.00	May Be	
		28			Trust Fund Contribution	Added to	o Fees	
	Zip Country Zip		Cou	ntry	8. This corporation owes the current year In	itangible	ا	
24	25	29	30		Personal Property Tax.		No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	l Agènt		
		3 6 4 4 3 3 3 3 3		81 Name	• •			
RILE	Y, WILLIAM E	2002		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	•		
E VE 1439	S POMPANO PARKWAY	" (trip.			the morning are also proved their provide the providence of the pr		Editorial Idei	
2ND FLOOR				83				
POM	IPANO BEACH FL 33069			84 City	1.01	85 Zip (	Code	
	·			G4 City	Fl	_   00   _,, `		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508; Florida State	utes, the a	ove-named co	orporation submits this statement for the purpose of	f changing its	registered	
ALL INFRIOR OF P	egistered agent, or both, in the State of im familiar with, and accept the obligation	r Fiorida. Such change was	auunonzec	DA MIC COIDOIG	ation's board of directors. I hereby accept the appoint	munem as re	giotorou	
SIGNATURE		140					٠	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered	Agent signature req	uired when reinstating) : { \(\mathbb{Q} \cdot \delta \sqrt{\delta} \sqrt{\delta} \sqrt{\delta} \sqrt{\delta} \sqrt{\delta} \qqrt{\delta} \qqr			ά
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND		TE: Registered	Agent signature req	DATE ADDITIONS/CHANGES TO OFFICERS A			1/08)
	Signature, typed or printed name of registered agent a				died erich following) i ( - ', '	ND DIRECTO	PRS IN 12	(11/98)
12.	Signature, typed or printed name of registered agent a OFFICERS AND	DIRECTORS	13.	LE	ADDITIONS/CHANGES TO OFFICERS A			130/11/08/
12.	OFFICERS AND PRILEY; WILLIAM E	DIRECTORS	13. 1.1 TI 1.2 N	LE	ADDITIONS/CHANGES TO OFFICERS A			DE034 (11/98)
12. TITLE NAME STREET ADDRESS	OFFICERS AND  P RILEY, WILLIAM E 1439 S POMPANO PKWY	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S	LE ME	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	POE034 (11/08)
12. TITLE .	OFFICERS AND P RILEY, WILLIAM E	DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 S	LE ME REET ADORESS IY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A			CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND  P RILEY, WILLIAM E 1439 S POMPANO PKWY	DIRECTORS DELETE	13. 1.1 TI 1.2 No 1.3 ST 1.4 CI	LE ME REET ADORESS IY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	CP2E034 (11/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PRILEY, WILLIAM E 1439 S POMPANO PKWY POMPANO BEACH FL	DIRECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S' 1.4 CI 2.1 TI 2.2 N	LE ME REET ADORESS IY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	CR2E034 (11/08)
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14. 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 chapted or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02-06-1999 90006 015 \*\*\*158.75

☐ Addition