

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000029023 (7)**

1. Corporation Name  
**NATIONAL WORKERS' COMPENSATION SERVICES, INC.**

Principal Place of Business <b>900 UNIVERSITY BLVD SUITE 802 JACKSONVILLE BEACH FL 32211 US</b>	Mailing Address <b>PO BOX 331412 JACKSONVILLE BEACH FL 32233-1412 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/20/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3185716</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	25. Country	29. Zip		30. Country	
9. Name and Address of Current Registered Agent <b>WEST, CHRISTOPHER D 2808 1ST JACKSONVILLE BEACH FL 32250</b>				10. Name and Address of New Registered Agent	

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
<b>FL</b>				

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, CHRISTOPHER D.</b>	1.2 NAME	
STREET ADDRESS	<b>2808 1ST ST. S</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENT, PAUL R</b>	2.2 NAME	
STREET ADDRESS	<b>1061 CIVIC CENTER DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RANCHO CUCAMONGA CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENT, WILLIAM D</b>	3.2 NAME	
STREET ADDRESS	<b>1061 CIVIC CENTER DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RANCHO CUCAMONGA CA</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-16-97** DAYTIME PHONE: **904-744-8050**

CR2E034 (9/96)