LATE FILING FEE AFTER MAY 1 IS $25.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076693 (9)

1. Corporation Name
ASSURED ADJUSTMENT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1340 AVON LN #934 N LAUDERDALE FL 33068	1340 AVON LN #934 N LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 06/03/1994

2. Principal Place of Business
21: 1051 Eastham Way
Suite, Apt. #, etc. 22: B-108
City & State 23: Naples, FL
Zip 24: 33942 Country 25: US

2a. Mailing Address
26: 2411 E. Tamiami Tr.
Suite, Apt. #, etc. 27: 102
City & State 28: Naples, FL
Zip 29: 33962 Country 30: US

4. FEI Number: 65-0447313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PANNEBAKKER, GLEN C
1340 AVON LN
#934
N LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1051 Eastham Way
83: #108
84 City: Naples FL 85 Zip Code: 33942

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: Glen C. Pannebakker, Pres. DATE: 4/24/95
(Signature, typed or printed name of registered agent, and title if a corporate agent) (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	PANNEBAKKER, GLEN C	12 NAME	
STREET ADDRESS	1340 AVON LANE #934	13 STREET ADDRESS	1051 Eastham Way #108
CITY ST ZIP	N. LAUDERDALE FL 33068	14 CITY ST ZIP	Naples, FL 33942
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SOBOLOSKI, DANIEL	22 NAME	
STREET ADDRESS	3118 UNRUH ST.	23 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA 19149	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	STEVENSON, JOHN	32 NAME	
STREET ADDRESS	490 SKI TRAIL	33 STREET ADDRESS	
CITY ST ZIP	POCONO LAKE PA 18547	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is effectively furnished and 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 changed or added to the report.

SIGNATURE: _____ 4/24/95 800-875-3473
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Telephone Number)

0116760 CP