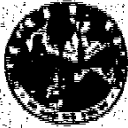


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000081463 (0)

1. Corporation Name

COORDINATED CLAIMS CONSULTANTS, INC.

Principal Place of Business

Mailing Address

**1680 FRUITVILLE ROAD
SARASOTA FL 34236**

**ATTN: JOHN P. ROULETT
342 SCHUYLER AVE
KEARNY NJ 07032**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

01/20/1994

4. FBI Number

59-3216934

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MULLER, WILTON R
201 S MONROE STREET
SUITE 500
TALLAHASSEE FL 32301**

01 Name

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

03

04 City

FL

05 Zip Code

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

Signature, typed or printed name of registered agent and fee # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	KENNEDY, FRANCIS P
STREET ADDRESS	342 SCHUYLER AVE
CITY- ST- ZIP	KEARNY NJ
TITLE	D
NAME	KENNEDY, LOUIS J
STREET ADDRESS	342 SCHUYLER AVE
CITY- ST- ZIP	KEARNY NJ
TITLE	D
NAME	MULLER, WILTON R
STREET ADDRESS	201 S. MONROE ST SUITE 500
CITY- ST- ZIP	TALLAHASSEE FL
TITLE	SD
NAME	BALLARD, BRIAN D
STREET ADDRESS	201 S. MONROE ST. SUITE 500
CITY- ST- ZIP	TALLAHASSEE FL
TITLE	DVP
NAME	MCCAHL, JAMES J
STREET ADDRESS	1373 BROAD ST
CITY- ST- ZIP	CLIFTON NJ
TITLE	T
NAME	ROULETT, JOHN P
STREET ADDRESS	342 SCHUYLER AVE
CITY- ST- ZIP	KEARNY NJ

1.1 TITLE	P/C/E/O	☐ Change ☒ Addition
1.2 NAME	Scaglione, Donald E	
1.3 STREET ADDRESS	5160 Del Sol Drive	
1.4 CITY- ST- ZIP	Merritt Island FL 32937	
2.1 TITLE	S/C/E/O	☐ Change ☒ Addition
2.2 NAME	Tabor, William E	
2.3 STREET ADDRESS	155 Carrigan Blvd	
2.4 CITY- ST- ZIP	Merritt Island FL 32952	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME	McCahill James J	
5.3 STREET ADDRESS	1700 Rt.#3 West	
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 a receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Roulett
John P. Roulett

4/18/95
4/18/95

201-998-4142
201-998-4142