

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

FILED
Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000081463 (0)**

1. Corporation Name

COORDINATED CLAIMS CONSULTANTS, INC.



Principal Place of Business 1680 FRUITVILLE ROAD SARASOTA FL 34236	Mailing Address ATTN: JOHN P. ROULETT 342 SCHUYLER AVE KEARNY NJ 07032-4003
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1993	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-3216934	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLER, WILTON R 201 S MONROE STREET SUITE 500 TALLAHASSEE FL 32301		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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCED SCAGLIONE, DONALD E <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D Francis P. Kennedy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5180 DEL SOL DRIVE	1.2 NAME	342 Schuyler Ave.
STREET ADDRESS	MERRITT ISLAND FL	1.3 STREET ADDRESS	KEARNY NJ 07032
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D KENNEDY, LOUIS J. <input type="checkbox"/> DELETE	2.1 TITLE	S Kathleen Kennedy Cook <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	342 SCHUYLER AVE	2.2 NAME	220 Ridge Rd
STREET ADDRESS	KEARNY NJ	2.3 STREET ADDRESS	Rutherford NJ 07070
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MILLER, WILTON R <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	201 S. MONROE ST SUITE 500	3.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD BALLARD, BRIAN D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 S. MONROE ST. SUITE 500	4.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DVP MCCAHL, JAMES J <input type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1700 RT. #3 WEST	5.2 NAME	
STREET ADDRESS	CLIFTON NJ	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T ROULETT, JOHN P <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	342 SCHUYLER AVE	6.2 NAME	
STREET ADDRESS	KEARNY NJ	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)(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 on an attachment with an address.

SIGNATURE *[Signature]* DATE *3/27/97*

CR2E034 (9/96)