


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

FILED

Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1993	
21		26		4. FEI Number 59-3216934	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip
24		25		29	
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
			FL		
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	D	DELETE	1.1 TITLE	S Kathleen Kennedy Cook	
NAME	KENNEDY, FRANCIS P.		1.2 NAME	220 Ridge Rd.	
STREET ADDRESS	342 SCHUYLER AVE		1.3 STREET ADDRESS	Rutherford, NJ 07070	
CITY - ST - ZIP	KEARNY NJ		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		
NAME	KENNEDY, LOUIS J.		2.2 NAME		
STREET ADDRESS	342 SCHUYLER AVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	KEARNY NJ		2.4 CITY - ST - ZIP		
TITLE	D	DELETE	3.1 TITLE		
NAME	MILLER, WILTON R		3.2 NAME		
STREET ADDRESS	201 S. MONROE ST SUITE 500		3.3 STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL		3.4 CITY - ST - ZIP		
TITLE	D	DELETE	4.1 TITLE		
NAME	BALLARD, BRIAN D		4.2 NAME		
STREET ADDRESS	201 S. MONROE ST. SUITE 500		4.3 STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL		4.4 CITY - ST - ZIP		
TITLE	PD	DELETE	5.1 TITLE		
NAME	MCCAHL, JAMES J		5.2 NAME		
STREET ADDRESS	1700 RT. #3 WEST		5.3 STREET ADDRESS		
CITY - ST - ZIP	CLIFTON NJ		5.4 CITY - ST - ZIP		
TITLE	T	DELETE	6.1 TITLE		
NAME	ROULETT, JOHN P		6.2 NAME		
STREET ADDRESS	342 SCHUYLER AVE		6.3 STREET ADDRESS		
CITY - ST - ZIP	KEARNY NJ		6.4 CITY - ST - ZIP		

14. I 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:

REQUIRED

CR2E034 (10/97)