

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000020609 (1)**

1. Corporation Name:

ONLINE CLAIMS SERVICES, INC.



Principal Place of Business

Mailing Address

**833 N.E. 18TH COURT, SUITE 12
FT. LAUDERDALE FL 33305**

**833 N.E. 18TH COURT, SUITE 12
FT. LAUDERDALE FL 33305**

2. Principal Place of Business

21 **4,93 S. University Drive**

Suite, Apt. #, etc.

22 City & State

23 **DAVIE, FL**

24 Zip

33328

Country

Broward

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

33328

29 Country

FL

30

3. Date Incorporated or Qualified

03/17/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0561909

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

9. Name and Address of Current Registered Agent

**WISEMAN, MILTON J
833 N.E. 18TH COURT, SUITE 12
FT. LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Milton J. Wiseman

(If the Registered Agent Signature is required when registering)

DATE

5-15-96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **WISEMAN, MILTON J**
STREET ADDRESS **833 N.E. 18TH COURT, SUITE 12**
CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE **President** ☒ Change ☐ Addition
2 NAME **MILTON J. WISEMAN**
3 STREET ADDRESS **833 N.E. 18TH COURT, SUITE 12**
4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33305**

21 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
22 NAME **GLENDA RUBEN**
23 STREET ADDRESS **4,93 S. UNIVERSITY DRIVE**
24 CITY-ST-ZIP **DAVIE, FL 33328**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(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 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:

Milton J. Wiseman **MILTON J. WISEMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5-13-96 954-680-8115

TELEPHONE NUMBER

CR2E034 (12/95)