

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet B. Murrin
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P94000061433 (6)

1. Corporation Name

INJURED RESERVE, INC.

95 APR 28 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/16/1994
3a. Date of Last Report

4. FEI Number 65-0511399
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 damages for under S. 159.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NALVEN, RODDY M
2200 WEST COMMERCIAL BLVD.
SUITE 201-A
FT. LAUDERDALE FL 33309

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

Signature of Agent or the Registered Agent and the Corporation

Signature of Registered Agent (Signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE D
2. NAME FRIED, MARK
3. STREET ADDRESS 2200 W. COMMERCIAL BLVD. SUITE 201-A
4. CITY, ST, ZIP FT. LAUDERDALE FL 33309
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

1. 1. TITLE ☐ Change ☐ Addition
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY, ST, ZIP
5. 5. TITLE ☐ Change ☐ Addition
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY, ST, ZIP
9. 9. TITLE ☐ Change ☐ Addition
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY, ST, ZIP
13. 13. TITLE ☐ Change ☐ Addition
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY, ST, ZIP
17. 17. TITLE ☐ Change ☐ Addition
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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. I have an office or place for the corporation or the reason of trade or profession in the State of Florida and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report. I am not an attorney with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 305-486-3500
Date Signature