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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000066954 (6)

DOCUMENT # P9400

1. Corporation Name

MEDICAL CLAIMS ON LINE, INC.

	CLAIMS ON LINE, INC.						
Principal Place of Bu	usiness	Mailing Address			E MONTON CONTRACTOR OF STATE	4611 66116 BIII BI	148 46164 Midt Aldt 1881
3310 VIRGINIA ST COCONUT GROVE FL 33133		3310 VIRGINIA ST COCONUT GROVE FL	. 33133				
				 Date Incorporated or Qualified 09/08/1994 	3a. Date of L 05/0	ast Report 1/1995	
2. Principal Place o	f Business	2a. Mailing Address	1		4. FEI Number		Applied For
13314	Virginia St	26 <u>3314</u>	Legion	46 0	65-0563315		Not Applicable 8.75 Additional
Suite, Apt. #, etc	2.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired		Fee Required
City & State		City & State			6. Election Campaign Financing	1 1	\$5.00 May Be
3		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for in Florida Statutes Yes		iders 199.032,
1	25 Name and Address of Curren	t Registered Agent	30		10. Name and Address of New R	_	nt
9.	Name and Address of Curren	t negistered Agent	8	1 Name			
CHEVD KE	MNFTH			2 Stroot A	Idress (P.O. Box Number is Not Acceptab	He)	
SHEAR, KENNETH 3310 VIRGINIA ST			82		Addition to the transfer of th		
	GROVE FL 33133		8	3			
			8	4 City		F= 8	5 Zip Code
				1 1	poration submits this statement for the pur	FL	no ita registered s##
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SIGNATURE:

EAND TYPED OFFINITED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/94 . (35) 446-3042