

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:27

DOCUMENT # **P94000076409 (9)**

1. Corporation Name

PRO ADJUSTMENT SERVICES, INC.

Principal Place of Business

831 NW 7TH TER
FT LAUDERDALE FL 33311

Mailing Address

831 NW 7TH TER
FT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0537720

Applied For

Not Applicable

State, Apt. #, etc

22

State, Apt. #, etc

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

24

Zip

Country

29

30

8. This corporation has liability for intangible tax under F. 1993 (332)

Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARIS, JAMES
831 NW 7TH TER
FT LAUDERDALE FL 33311

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 607.1504, 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 the filer, when

DATE: Registered Agent's signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ON 12

TITLE	D
NAME	PARIS, JAMES
STREET ADDRESS	831 NW 7TH TER
CITY, ST, ZIP	FT LAUDERDALE FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(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, 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. I changed or my appointment with an address.

SIGNATURE:

Jim Paris

Jim Paris

305 523-3330

Signature and typed or printed name of signing officer or director

Phone (typed or printed)