FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082863 (9)

1. Corporate Name
CLAIM STRATEGIES,INC.

Principal Place of Business
6181 C LAUREL LN
TAMARAC FL 33319

Mailing Address
6181 C LAUREL LN
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21
22
23
24 25

2a. Mailing Address
26 PO Box 25341
27 Suite, Apt. #, etc.
28 City & State: Fort Lauderdale FL
29 Zip: 33320
30 County: Broward

4. FEI Number: 65-0537092 — 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 [X] No

9. Name and Address of Current Registered Agent
BRONCHICK, KENNETH C ESQ
2734 E OAKLAND PARK BLVD
SUITE 200
FT LAUDERDALE FL 33306

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 hereby accept the obligations of Section 607.0505, Florida Statutes.

Signature of Registered Agent (Required if Registered Agent is changed)

12. OFFICERS AND DIRECTORS
DPST
TRESPEL, JEFFREY
6181 C LAUREL LN
TAMARAC FL 33319

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing, and to the extent submitted at a later date, information relating to payment of corporate taxes pursuant to Chapter 607, Florida Statutes, is true and accurate and that, upon request of the Department of Revenue or Department of Banking and Finance, I will furnish to the Department of Revenue or Department of Banking and Finance a copy of the most recent federal income tax return filed with the Internal Revenue Service.

SIGNATURE: Jeffrey S. Trespel — Jeffrey S. Trespel — 4/28/95 — 305-726-8167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0020353 CP