

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 17 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000083936 (2)
 1. Corporation Name
LOSS CONSULTANTS, INC.



Principal Place of Business 20100 NE 20TH CT MIAMI FL 33179	Mailing Address 20100 NE 20TH CT MIAMI FL 33179
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 PO Box 630095	2a. Mailing Address 26 PO Box 630095
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27
City & State 23 Miami FL	City & State 28 Miami FL 01/A
Zip 24 33163-0095	Country 25 USA
Zip 29 33163-0095	Country 30 USA

3. Date Incorporated or Qualified 11/16/1994		
4. FEI Number 65-0521755	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**HYMAN, WILLIAM
20100 NE 20TH CT
MIAMI FL 33179**

10. Name and Address of New Registered Agent

81 Name ERIC HYMAN
82 Street Address (P.O. Box Number is Not Acceptable) 20100 NE 20th CT
83 Eric
84 City Miami
85 Zip Code FL 33179-2802

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 *E. Hyman* DATE **9/13/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HYMAN, WILLIAM	
STREET ADDRESS	19920 NE 20TH CT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYMAN, ERIC	
STREET ADDRESS	20100 NE 20TH CT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

E. Hyman **Eric Hyman** **11/16/94** **20500 2111**

CR2E034 (10/97)