**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90219 012 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/25/1995

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

Mailing Address

SUNRISE FL 33325

US

490 SAWGRASS CORP PKWY

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000007231

1. Corporation Name

Principal Place of Business 490 SAWGRASS CORP PKWY

SUNRISE FL 33325

US

THE CLAIMCARD, INC.

2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number	Apr	lied For	
1		26				65-0556600	Not	Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<del></del>		5. Certificate of Status Desired	\$8.75 A		
2		27						Fee Red		
	City & State City & S			State			6. Election Campaign Financing  Trust Fund Contribution	\$5:00°i Added to		
23	Country Zip			Country					71003	
Zip				Country	Personal Property Tax.				□No	
25 29 30  9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	gent	81 Name								
SAUTTER, C CHRISTIAN ESQ.										
SEILER & SAUTTER				82 Street Address (P.O. Box Number is Not Acceptable)						
2900 E. OAKLAND PARK BLVD., SUITE 200					83					
FT LAUDERDALE FL 33306				55						
T F ENDERDALL TE 00000				84	City		F	L 85 Zip C	ode	
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508.	Florida Statutes, t	he above	-named	corpor	ration submits this statement for the purpose	of changing its	registered	
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    Standard   Note   Note   Standard   Note   Not										
Olymatical Appears in the Control of				13.	signature re	equired v	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.		DIRECTORS	<b>⊠</b> DELETE	1.1 TITLE	<u>-</u>	D	ADDITIONAL MATERIAL TO GIT TO CITY	☐ Change	Addition	
TITLE	D DATES		-		ļ	~	rnie Kosar		•	
				12 NAME		200	o conserve soce. Ph	-wu Si	4.130	
STREET ADDRESS					13 STREET ADDRESS 490 Sangrass Corp. Pkwy. St. 130					
CITY-ST-ZIP	SUNRISE FL 33325			1.4 CITY-ST	- ZIP		ncise FL 33325		<b>6</b> □	
TITLE	VSD			2.1 TITLE		Ð		☐ Change	Addition	
NAME	PALMER, GARY			2.2 NAME	İ	Te	nch Coxe		- \ -	
STREET ADDRESS	490 SAWGRASS CORP PKWY STE 130			22 NAME Tench Coxe 23 STREET ADDRESS 490 Saugrass Corp. Pkwy. Ste. 24 CITY-ST-ZIP Suncise FL 33325  11 TITLE D Change			e, 130			
CITY-ST-ZIP	SUNRISE FL 33325			2. 4 CITY-S	T-ZIP	دک	ocise FL 33325			
TITLE	D	<del> : ··-·· -=</del>	DELETE	3.1 TITLE		D		☐ Change	Addition	
NAME	KAZLETT, CHARLES			3.2 NAME	1		1 \ \ \ \ \ \ \ \ \ \ \ \ \ \			
STREET ADDRESS	TAR DALLODAGO CODO DIGADA	STF 130		3.3 STREET	ADDRESS	49	O SANGRASS COVO. PK	بن نے ہیں۔	K.130	
	SUNRISE FL 33325	012 100		3.4. CITY-S1		ξ.,	incise & 33325	_		
CITY-ST-ZIP	D SUNNISE PE 33323		DELETE	4.1 TITLE	) - ZIF		11.10-1	Change	Addition	
TITLE	WINDHORST, BILL		_ 3	4. 2 NAME	)			_ ,	_	
NAME		CTE 120			AODDEES					
STREET ADDRESS		31E 130		4.3 STREET						
CITY-ST-ZIP	SUNRISE FL 33325		DELETE	4.4 CITY-ST	-ZIP	<u>-</u>		Change	☐ Addition	
TITLE	D NEWSON MOUAE		☐ DETE!E	5.1 TITLE 5.2 NAME						
NAME	NEWTON, MICHAEL	TE 400			*BOBEO					
STREET ADDRESS		SIE 130		5.3 STREET						
CITY-ST-ZIP	SUNRISE FL 33325			5.4 CITY-ST	·ZIP				CT A district	
TITLE	PD		☐ DELETE	6.1 TITLE				Change	Addition	
NAME	PARK, LARENCE			6.2 NAME						
STREET ADDRESS	490 SAWGRASS CORP PKWY,	STE 130		6.3 STREET	ADDRESS					
CITY-ST-ZIP	SUNRISE FL 33325			6.4 CITY-ST						
14 I boroby	cortify that the information supplied with	this filing doe	s not qualify for the	exempti	on stated	in Se	ection 119.07(3)(i), Florida Statutes. I further	ertify that the in	nformation	
officer or director of the corporation or the receiver or pristee 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 an attachment with an address, with all other like empowered.										

SIGNATURE: