SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT



FLORIDA DEPARTMENT OF STATE

1996	PORT	Ivid	Secretary of SION OF CORF				
OCUMEN Corporation Name		00039121	` '				
CLAIMS MAN	AGEMENT SERVICE	ES INTERNATION	IAL, INC.				
incipal Place of Business		Mailing Address			100010001 110 10101 01111 00111 00111 1	Q Q 	0 7 0 1 4 6 1
75 OUEEN STREET EMINOLE FL 34642-3		SEMINOLE FL	Street North 34642-3921			I Day	of Last Report
		1			 Date Incorporated or Qualified 05/17/1995 	3a. Dale C	
Principal Place of B	Business	2a. Mailing Ac	Idress		4. FEI Number 59-33144	91	Applied For Not Applicable
Cuite Ast # oto		26 Suite, Apt	#, etc			<u>′′ </u>	8.75 Additional
Suite, Apt #, etc		27			Certificate of Status Desired		Fee Required
City & State		City & Sta	te		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	28 Zip		Country	8. This corporation has liability for		
•	25 ame and Address of Cur	29	30	<u> </u>	Florida Statutes 10. Name and Address of New	<u> </u>	No ant
8375 QUE SEMINOLI	H, gavin J Een Street North E FL 34642			83 84 City	AKHLEH, GAVI dress (PO. Box Number is Not Accept	FL	85 Zip Code
office or registere agent. Lam famili	ed agent, or both, in the St ar with, and accept the ot	tate of Florida. Such ch bligations of, Section 6	iange was autho 07,0505, Florida	orized by the corpora a Statutes	poration submits this statement for the tion's board of directors. Thereby acc	ерт те арропп	light as registered
Signal de	Typed or pented name of registered OFFICERS	clage of and the dapplicable SIAND DIRECTORS	R JUNA	gistered Agent aignature req		EATE FICERS AND D	IRECTORS IN 12
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