

**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 CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000041128 (6)
1. Corporation Name:

EVANS & ASSOCIATES INSURANCE ADJUSTERS, INC.



Principal Place of Business: **7440 S.W. 38TH COURT DAVIE FL 33328**
Mailing Address: **7440 S.W. 38TH COURT DAVIE FL 33328**

3. Date Incorporated or Qualified: **05/24/1995**
3a. Date of Last Report: []
4. FEI Number: **65-0587521**
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

2. Principal Place of Business: 21. Suite, Apt #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent:
**EVANS, ALETA W
7440 S.W. 38TH COURT
DAVIE FL 33328**

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 accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Type or Print Name of Signer) (Type or Print Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	[] Change [] Addition
NAME	EVANS, DONALD T	12 NAME	
STREET ADDRESS	7440 S.W. 38TH COURT	13 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33328	14 CITY - ST - ZIP	[] Change [] Addition
TITLE	STD	21 TITLE	[] Change [] Addition
NAME	EVANS, ALETA W	22 NAME	
STREET ADDRESS	7440 S.W. 38TH COURT	23 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL 33328	24 CITY - ST - ZIP	[] Change [] Addition
TITLE		31 TITLE	[] Change [] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	[] Change [] Addition
TITLE		41 TITLE	[] Change [] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	[] Change [] Addition
TITLE		51 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	[] Change [] Addition
TITLE		61 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	[] Change [] Addition

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald T. Evans 06-21-98 1-954-476-7311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-MONTH-YEAR

CR2E034 (3/96)