

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 SEP 19 AM 10:09

FILED

DOCUMENT # P95000041128

1. Corporation Name

EVANS & ASSOCIATES INSURANCE ADJUSTERS, INC.

Principal Place of Business

Mailing Address

**10886 167th Place N. Same
Jupiter, FL 33478**

3. Date Incorporated or Qualified
5/24/95

3a. Date of Last Report
1996

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

2b. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Aleta W. Evans
10886 167th Place N.
Jupiter, FL 33478**

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 607.1501, 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:

(Signature required for current registered agent and new registered agent, if applicable)

(Signature required for current registered agent, if applicable)

(Signature required for new registered agent, if applicable)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1101. NAME ☐ DELETE

1102. NAME ☐ DELETE

1103. NAME ☐ DELETE

1104. NAME ☐ DELETE

1105. NAME ☐ DELETE

1106. NAME ☐ DELETE

1107. NAME ☐ DELETE

1108. NAME ☐ DELETE

1109. NAME ☐ DELETE

1110. NAME ☐ DELETE

1111. NAME ☐ DELETE

1112. NAME ☐ DELETE

1113. NAME ☐ DELETE

1114. NAME ☐ DELETE

1115. NAME ☐ DELETE

1116. NAME ☐ DELETE

1117. NAME ☐ DELETE

1118. NAME ☐ DELETE

1119. NAME ☐ DELETE

1120. NAME ☐ DELETE

1121. NAME ☐ DELETE

1122. NAME ☐ DELETE

1123. NAME ☐ DELETE

1124. NAME ☐ DELETE

1125. NAME ☐ DELETE

1126. NAME ☐ DELETE

1127. NAME ☐ DELETE

1128. NAME ☐ DELETE

1129. NAME ☐ DELETE

1130. NAME ☐ DELETE

1131. NAME ☐ DELETE

1132. NAME ☐ DELETE

1133. NAME ☐ DELETE

1134. NAME ☐ DELETE

1135. NAME ☐ DELETE

1136. NAME ☐ DELETE

1137. NAME ☐ DELETE

1138. NAME ☐ DELETE

1139. NAME ☐ DELETE

1140. NAME ☐ DELETE

1201. NAME ☐ Change ☐ Addition

1202. NAME ☐ Change ☐ Addition

1203. NAME ☐ Change ☐ Addition

1204. NAME ☐ Change ☐ Addition

1205. NAME ☐ Change ☐ Addition

1206. NAME ☐ Change ☐ Addition

1207. NAME ☐ Change ☐ Addition

1208. NAME ☐ Change ☐ Addition

1209. NAME ☐ Change ☐ Addition

1210. NAME ☐ Change ☐ Addition

1211. NAME ☐ Change ☐ Addition

1212. NAME ☐ Change ☐ Addition

1213. NAME ☐ Change ☐ Addition

1214. NAME ☐ Change ☐ Addition

1215. NAME ☐ Change ☐ Addition

1216. NAME ☐ Change ☐ Addition

1217. NAME ☐ Change ☐ Addition

1218. NAME ☐ Change ☐ Addition

1219. NAME ☐ Change ☐ Addition

1220. NAME ☐ Change ☐ Addition

1221. NAME ☐ Change ☐ Addition

1222. NAME ☐ Change ☐ Addition

1223. NAME ☐ Change ☐ Addition

1224. NAME ☐ Change ☐ Addition

1225. NAME ☐ Change ☐ Addition

1226. NAME ☐ Change ☐ Addition

1227. NAME ☐ Change ☐ Addition

1228. NAME ☐ Change ☐ Addition

1229. NAME ☐ Change ☐ Addition

1230. NAME ☐ Change ☐ Addition

1231. NAME ☐ Change ☐ Addition

1232. NAME ☐ Change ☐ Addition

1233. NAME ☐ Change ☐ Addition

1234. NAME ☐ Change ☐ Addition

1235. NAME ☐ Change ☐ Addition

1236. NAME ☐ Change ☐ Addition

1237. NAME ☐ Change ☐ Addition

1238. NAME ☐ Change ☐ Addition

1239. NAME ☐ Change ☐ Addition

1240. NAME ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Donald T. Evans**

08-15-97

(407) 370-6377

CR2E034 (9/96)

Lye & Lye Associates, Inc.

GEORGE LYE
7096 Taft Street
Hollywood, Florida 33024

ACCOUNTANTS
"Income Tax & Small Business Center"

LOLA LYE
(305) 963-2567
(305) 731-5556



September 13, 1997

Secretary of State
Attention: Ms. Loria Y. Poole
Division of Corporations
State of Florida
Tallahassee, FL. 32304

Re: Annual Reports for Goldhill & Evans

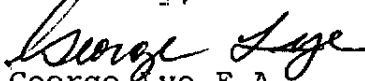
Dear Loria:

Enclosed are the two other annual reports that I had mentioned to you about on the phone a few days ago. These two above referenced companies moved offices and did not receive the original forms sent out by your office.

Please accept these reports and our check for the total amount of \$330.00 on their behalf.

Thanks ever so much for your kind assistance.

Sincerely,


George Lye, E.A.
Accountant