

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90029 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000048435**

1. Corporation Name

**NATIONAL ADJUSTMENT CORPORATION**

Principal Place of Business

**3909 N.E. 163 STREET  
SUITE 305  
N. MIAMI BEACH FL 33160**

Mailing Address

**3909 N.E. 163 STREET  
SUITE 305  
N. MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/19/1995**

4. FEI Number

**65-0633016**

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

**GRIMSLEY, CHARLES  
3909 N.E. 163 STREET  
3RD FLOOR  
N. MIAMI BEACH FL 33160**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTICE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **PARRILLO, RICHARD JR.**  
CITY-ST-ZIP **3909 N.E. 163 STREET, SUITE 305  
N. MIAMI BEACH FL 33160**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **PARRILLO, MICHAEL**  
CITY-ST-ZIP **815 W. VAN BUREN STREET, #400  
CHICAGO IL 60607**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **RIVARD, JEAN-GUY**  
CITY-ST-ZIP **3909 N.E. 163 STREET, 3RD FLOOR  
N. MIAMI BEACH FL 33160**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PARRILLO, RICHARD SR.**  
CITY-ST-ZIP **3909 N.E. 163 STREET, 3RD FLOOR  
N. MIAMI BEACH FL 33160**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PARRILLO, BEAU**  
CITY-ST-ZIP **3909 N.E. 163 STREET, 3RD FLOOR  
N. MIAMI BEACH FL 33160**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MCCARTHY, BARBARA**  
CITY-ST-ZIP **20 BAYBROOK LANE  
OAKBROOK IL 60521**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **DIRECTOR**  
1.3 STREET ADDRESS **PARRILLO, RICHARD, JR.**  
1.4 CITY-ST-ZIP **3909 NE 163 STREET, 3RDFL  
N MIAMI BEACH, FL 33160**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **PRESIDENT + DIRECTOR**  
5.3 STREET ADDRESS **PARRILLO, BEAU**  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD PARRILLO, SR.**

Date

Daytime Phone #

**4-8-99**

**305-9335835**

CR2E034 (1/98)