

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000053480 (6)**

1. Corporation Name
P&C ADJUSTMENT SERVICES, INC.



Principal Place of Business: **22251 WOODSPRING DR. BOCA RATON FL 33428**
Mailing Address: **22251 WOODSPRING DR. BOCA RATON FL 33428**

3. Date Incorporated or Qualified: **07/01/1995** 3a. Date of Last Report: **07/01/1995**
4. FEI Number: **65-0594562** 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 No

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

9. Name and Address of Current Registered Agent

**OWEN, JON P
22251 WOODSPRING DR.
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DELETE
NAME: **OWEN, JON P**
STREET ADDRESS: **22251 WOODSPRING DR.**
CITY-STATE-ZIP: **BOCA RATON FL 33428**
TITLE: DELETE
NAME: **OWEN, LISA C**
STREET ADDRESS: **22251 WOODSPRING DR.**
CITY-STATE-ZIP: **BOCA RATON FL 33428**
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____
TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

11 TITLE: Change Addition
12 NAME: _____
13 STREET ADDRESS: _____
14 CITY-STATE-ZIP: _____
15 TITLE: Change Addition
16 NAME: _____
17 STREET ADDRESS: _____
18 CITY-STATE-ZIP: _____
19 TITLE: Change Addition
20 NAME: _____
21 STREET ADDRESS: _____
22 CITY-STATE-ZIP: _____
23 TITLE: Change Addition
24 NAME: _____
25 STREET ADDRESS: _____
26 CITY-STATE-ZIP: _____
27 TITLE: Change Addition
28 NAME: _____
29 STREET ADDRESS: _____
30 CITY-STATE-ZIP: _____

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jon P. Owen* 1-20-96 (407) 479-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JON PATRICK OWEN, PRESIDENT** Date: _____

CR2E034 (12/95)