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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000053480 (6)

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



Principal Place of Business: 11401A W PALMETTO PARK RD #206 BOCA RATON FL 33428  
Mailing Address: 11401A W PALMETTO PARK RD #206 BOCA RATON FL 33428

3. Date Incorporated or Qualified: 07/01/1995  
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business: 21 102 Stirrup Ln. Suite, Apt. #, etc.  
22 City & State: Royal Palm Beach, FL  
23 Zip: 33411  
25 Country: USA

2a. Mailing Address: 26 1120 Royal Palm Beach Blvd. Suite, Apt. #, etc.  
27 Suite 278  
28 City & State: Royal Palm Beach, FL  
29 Zip: 33411  
30 Country: USA

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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: JON P. OWEN  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 102 Stirrup Ln.  
84 City: Royal Palm Beach, FL  
85 Zip Code: 33411

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: Jon P. Owen, President, 3/5/97  
(NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE: D                   | OWEN, JON P<br>22251 WOODSPRING DR.<br>BOCA RATON FL 33428  | 1.1 TITLE   |  |
| NAME:                      |   | 1.2 NAME  |  |
| STREET ADDRESS:            |   | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP:           |   | 1.4 CITY - ST - ZIP                                   |  |
| TITLE: D                   | OWEN, LISA C<br>22251 WOODSPRING DR.<br>BOCA RATON FL 33428 | 2.1 TITLE   |  |
| NAME:                      |   | 2.2 NAME  |  |
| STREET ADDRESS:            |   | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP:           |   | 2.4 CITY - ST - ZIP                                   |  |
| TITLE:                     |   | 3.1 TITLE   |  |
| NAME:                      |   | 3.2 NAME  |  |
| STREET ADDRESS:            |   | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP:           |   | 3.4 CITY - ST - ZIP                                   |  |
| TITLE:                     |   | 4.1 TITLE   |  |
| NAME:                      |   | 4.2 NAME  |  |
| STREET ADDRESS:            |   | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP:           |   | 4.4 CITY - ST - ZIP                                   |  |
| TITLE:                     |   | 5.1 TITLE   |  |
| NAME:                      |   | 5.2 NAME  |  |
| STREET ADDRESS:            |   | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP:           |   | 5.4 CITY - ST - ZIP                                   |  |
| TITLE:                     |   | 6.1 TITLE   |  |
| NAME:                      |   | 6.2 NAME  |  |
| STREET ADDRESS:            |   | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP:           |   | 6.4 CITY - ST - ZIP                                   |  |

14. I do 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 in an attachment with an address.

SIGNATURE: Jon P. Owen, President, 3/5/97 (561)753-3830  
Date: 3/5/97 Daytime Phone: (561)753-3830

CR2E034 (9/96)