PROFIT CORPORATION ANNUÁL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandes B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000063369 (9)

AUTO LOSS ADJUSTING, INC.

Principal Place of Business

Mailing Address

FILED

97 OCT -9 PH 2: 08

SECRETARM OF STATE TALLARASSEE, FLORIDA



| 7147 MARIANA COURT BOCA RATON FL 33433 | | 7147 MARIANA COURT BOCA RATON FL 33433-6939 | | | | | | |
|---|---|--|-----------------------|--------------|---|----------------------------|------------------------|-------------------|
| | | | | | Date Incorporated or Qualified 08/16/1995 | 04/18/ | | |
| Principal P | lace of Business | Mailing Address | | | FEI Number | | App | lied For |
| 21 | | 26 | | | 65-0613612 | | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #. etc | | | Certificate of Status Desired | \$ | 8.75 Ad Fee Red | |
| City & State | 6 | City & State | | | of Figure 1991 | | 5.00 Added to | Fees |
| Zip 24 | Country 25 | Zip 29 | Counti | ry | | Yes 🔲 N | 0 | 199 032. |
| | Name and Address of Curr | ent Registered Agent | | | Name and Address of New Reg | istered Age | nt | |
| STANG, BORIS C | | | | 1 Name | | | | |
| 7147 MARIANA COURT BOCA RATON FL 33433 | | | 8: | 2 Street Add | ress (P.O. Box Number is Not Acceptabl | e) | | |
| | | | 8: | 3 | | | | |
| | | | 84 | 4 City | | FL 8 | 5 Zip C | ode |
| office or r agent. I a SIGNATURE | to the provisions of suctions our to the star egistered agent pools, in the star m tamiliar with and accept the obtaining the start of | Stang 1 | RE5 | | poration submits this statement for the pition's board of directors. I hereby accep | the appoint | nent as r | egistered |
| · · · · · · · · · · · · · · · · · · · | | ND DIRECTORS | | | | | | |
| THILE | PTD | ☐ DELETE | 1.1 TITLE | | | | Change | Addition Addition |
| NAME | STANG, BORIS C | | 1.2 NAME | : | والمائي والمعلى والمائي والمائي والمائي والمائع والمائع والمعلق | grang sampag grang a | 4 | |
| STREET ADDRESS | 7147 MARIANA COURT | | 1.3 STREE | ET ADDRESS | 70000232 -10/15/97- | U fitti | 010 | ~ 6. } |
| €ITY-ST-ZIP | BOCA RATON FL 33433 | | 1.4 CITY - | | ************************************* | <u>ല ക്കുക്കു</u> വ1നായ | 019 | |
| TITLE | VSD | DELETE | 2.1 TITLE | | ककककक्€1.८ | ্) কল <u>ক</u> ্ষ | remeraya 🗚 🗚 | Addition |
| NAME | STANG, CAROLE | • | 2 2 NAME | | | | | |
| STREET ADDRESS | 7147 MARIANA COURT | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | DELETE | 2 4 CITY 3.1 TITLE | | | | Change | Addition |
| TITLE NAME | | prefit | 3.1 HILLE 3.2 NAME | | | | Onango | LJ Madrion |
| STREET ADDRESS | | | | E1 ADDRESS | | | | |
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| STREET ADDRESS | | | 63 STREE | ET ADDRESS | 10-13 | 1 / | | |
| CITY OF 7/D | | | 64 0179 | . ST. 7IP | r | | | |

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 supplied and any all reports 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 corporator of the receiver of justee exployered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chaptered, or on an attachment with the states.