**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

96 AUG -7 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001884358
-07/03/96--01114--027
****225.00 ****225.00

**DOCUMENT # P95000067170 (7)**

1. Corporation Name

**TEAM CLAIM SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 125 BASIN ST., SUITE 210<br>DAYTONA BEACH FL 32114 | 125 BASIN ST., SUITE 210<br>DAYTONA BEACH FL 32114 |

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (28) |
| Zip (24) / Country (25) | Zip (29) / Country (30) |

3. Date Incorporated or Qualified: **08/30/1995**
3a. Date of Last Report:
4. FEI Number: ☐ 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

9. Name and Address of Current Registered Agent

**LIPOWITZ, KENNETH M**
**125 BASIN ST., SUITE 210**
**DAYTONA BEACH FL 32114**

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 _____ DATE _____
(If changing Registered Agent, Signature required where indicated)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | President | ☐ DELETE |
| NAME | Kenneth M. Lipowitz | |
| STREET ADDRESS | 125 Basin Street, Suite 210 | |
| CITY-ST-ZIP | Daytona Beach, FL 32114 | |
| TITLE | VICE President | ☐ DELETE |
| NAME | Sanford Miller | |
| STREET ADDRESS | 125 Basin Street, Suite 210 | |
| CITY-ST-ZIP | Daytona Beach, FL 32114 | |
| TITLE | VICE President | ☐ DELETE |
| NAME | Jeffrey D. Congdon | |
| STREET ADDRESS | 3445 Directors Row, Suite K | |
| CITY-ST-ZIP | Indianapolis, IN 46241 | |
| TITLE | VICE President | ☐ DELETE |
| NAME | John P. Kennedy | |
| STREET ADDRESS | 18 Kings Highway North | |
| CITY-ST-ZIP | Westport, CT 06880 | |
| TITLE | Secretary/Treasurer | ☐ DELETE |
| NAME | Donald J. Norwalk | |
| STREET ADDRESS | 125 Basin Street, Suite 210 | |
| CITY-ST-ZIP | Daytona Beach, FL 32114 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 11 TITLE | | ☐ Change ☐ Addition |
| 12 NAME | 800001884358 | |
| 13 STREET ADDRESS | -07/03/96--01114--028 | |
| 14 CITY-ST-ZIP | ******8.75 ******8.75 | |
| 21 TITLE | | ☐ Change ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | ☐ Change ☐ Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | ☐ Change ☐ Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | ☐ Change ☐ Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | ☐ Change ☐ Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

CR2E034 (3/96)

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

**SIGNATURE:** Donald J. Norwalk 7/2/96 (904)238-7035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Donald J. Norwalk