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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000067170 (7)**

1. Corporation Name
TEAM CLAIM SERVICES, INC.

Principal Place of Business
125 BASIN STREET, SUITE 210
DAYTONA BEACH FL 32114

Mailing Address
125 BASIN STREET, SUITE 210
DAYTONA BEACH FL 32114-5077

3. Date Incorporated or Qualified: **08/30/1995**
3a. Date of Last Report: **08/07/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number: ~~APPLIED FOR~~ 59-3347160 ☐ 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LIPOWITZ, KENNETH		1.2 NAME		
STREET ADDRESS	125 BASIN STREET, SUITE 210		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, SANFORD		2.2 NAME		
STREET ADDRESS	125 BASIN STREET, SUITE 210		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONGDON, JEFFREY D		3.2 NAME		
STREET ADDRESS	2445 DIRECTORS ROW, SUITE K		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46241		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, JOHN P		4.2 NAME		
STREET ADDRESS	18 KINGS HIGHWAY NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT 06880		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NORWALK, DONNALD J		5.2 NAME		
STREET ADDRESS	125 BASIN STREET, SUITE 210		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32114		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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 on an attachment with an address.

SIGNATURE: X Donald J Norwalk 4/24/97 904-238-7035

CR2E034 (9/96)