FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

96 AUG -8 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001915552
-08/08/96--01048--021
****225.00 ****225.00

DOCUMENT # P95000093742

1. Corporation Name: York Claims Service of Florida, Inc.

Principal Place of Business / Mailing Address:
98 Monterey Pointe Drive
Palm Beach Gardens, FL 33418

3. Date Incorporated or Qualified: Dec. 11, 1995
3a. Date of Last Report: Not Applicable

4. FEI Number: 13-9045392 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] (2) $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 [X] No

	2. Principal Place of Business		2a. Mailing Address
21	98 Monterey Pointe Dr.	26	98 Monterey Pointe Dr.
22	Suite, Apt #, etc	27	Suite, Apt #, etc
23	City & State: Palm Beach Gardens, FL	28	City & State: Palm Beach Gardens, FL
24	Zip: 33418	29	Zip: 33418
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
City of Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name: NOT APPLICABLE
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: NOT Applicable — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	President, Secretary and Treasurer	[ ] DELETE
NAME	STUART Myers	
STREET ADDRESS	111 John Street	
CITY-ST-ZIP	New York, NY 10038	
TITLE	Director	[ ] DELETE
NAME	Stuart Myers	
STREET ADDRESS	111 John Street	
CITY-ST-ZIP	New York, N.Y. 10038	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****17.50 *****17.50

A. Alan
8-8-96

CR2E034 (12/95)

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: STUART MYERS

Date: 8/6/96 Daytime Phone #: (212) 732-0505