

FILE NOW: FILING FEE AFTER MAY 1 IS \$55

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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000060316 (2)

1. Corporation Name
CLAIMS EDUCATION, INC.

Principal Place of Business
658 ANDOVER CIRCLE
WINTER SPRINGS FL 32708

Mailing Address
POST OFFICE BOX 196296
WINTER SPRINGS FL 32719-6296



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 07/17/1996	3a. Date of Last Report N/A
4. FEI Number 59-3392108	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

EGERTON, CHARLES H ESQ
800 N. MAGNOLIA AVE., SUITE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

1. Name
2. Street Address (P.O. Box Number is Not Acceptable)
3. City
4. 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

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	DELETED
NAME	Vice President
STREET ADDRESS	Debbie S. Quisenberry
CITY-ST-ZIP	1824 Fox Knoll Place Winter Park, FL 32792
TITLE	DELETED
NAME	Treasurer
STREET ADDRESS	Barbara A. Goltry
CITY-ST-ZIP	12020 Bullfrog Ct. Orlando FL 32828
TITLE	DELETED
NAME	Vice President
STREET ADDRESS	Theresa S. Mandigo
CITY-ST-ZIP	214 Moss Rd Winter Spg, FL 32708
TITLE	DELETED
NAME	Bonnie Weissner Secretary
STREET ADDRESS	2100 Fairview Dr
CITY-ST-ZIP	Dunedin, FL 34698
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
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	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

Debbie S. Quisenberry

42997 407-679-3829

CR2E034 (9/96)