PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000060316

1. Corporation Name

CLAIMS EDUCATION, INC.

Principal Place of Business				Mailing Address						
940 DOUGLAS AVE P.O. BOX 160820 SUITE 201 ALTAMONTE SPRINGS FL 32714						716- 080 2	6-0802		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/17/1996	7
a a second at	lana of Dunion		20	Mailing Addr					4. FEI Number Applied For	1
2. Principal P	lace of Busine	155	2a. 26	Mailing Addi	655				59-3392108 Not Applicable	┪
Suite, Apt. #, etc.				Suite, Apt. #, etc.				_	5. Certificate of Status Desired Fee Required	1
22 City & State			21	City & State					6. Election Campaign Financing \$5.00 May Be	7
23	ت السمال		28		<u></u>	آم نت			Trust Fund Contribution Added to Fees)~
Zip 24	Zip Country			Zip Coul			ntry		8. This corporation owes the current year Intangible Personal Property Tax.	
24		and Address of Currer		tered Agent		1			10. Name and Address of New Registered Agent]
						1	81	Name		
FREY, JULIA L ESQ LOWNDES,DROSDICK,DOSTER,KANTO 215 NORTH EOLA DRIVE				R,& REED, P.A			82 Street Addr		ddress (P.O. Box Number is Not Acceptable)	7
			tor,& f							4
							83	3		
ORL	ANDO FL 32	2801				ŀ	84	City	85 Zip Code	1
							[****** FL [
							1		· — · · · — · · · — · · · · · · · · · ·	4
office or r	registered age	ons of Sections 607.050 ent, or both, in the State h, and accept the obliga	of Florid	la. Such chan	nge was aut	nonzed	Dy t	named con he corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	-
office or r	registered age im familiar wit	ent, or both, in the State h, and accept the obliga	of Florid ations of,	a. Such chan Section 607.	nge was aut .0505, Florid	norized da Statu	by tites.	ne corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
office or r agent. I a SIGNATURE	registered age im familiar wit	ent, or both, in the State h, and accept the obligat or printed name of registered age	of Florid ations of, ent and title if	a. Such chan Section 607.	nge was aut .0505, Florid	norized da Statu Registered	by tites.	ne corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	180
office or r agent. I a SIGNATURE	registered age im familiar wit Signature, typed o	ent, or both, in the State h, and accept the obliga	of Florid ations of, ent and title if	a. Such chan Section 607. Tapplicable.	nge was aut .0505, Florid	norized da Statu	Dy to	ne corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	44,000
office or ragent. I a SIGNATURE 12.	registered age am familiar wit Signature, typed o	int, or both, in the State h, and accept the obliga or printed name of registered age OFFICERS AN	of Florid ations of, ent and title if	a. Such chan Section 607. Tapplicable.	nge was aut 0505, Florid (NOTE: F	da Statur Registered /	Agent	ne corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(44,00)
office or ragent. I a SIGNATURE 12. TITLE NAME	registered age am familiar wit Signature, typed of PD OUISENBI	ont, or both, in the State h, and accept the obligation or printed name of registered age OFFICERS AN	of Florid ations of, ent and title if	a. Such chan Section 607. Tapplicable.	nge was aut 0505, Florid (NOTE: F	nonzed da Statur Registered / 13. 1.1 TITI 1.2 NA	Agent LE	signature requ	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7004 (44,000)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed of OUISENBI 7829 FOX	or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE	of Florid ations of, ent and title if	a. Such chan Section 607. Tapplicable.	nge was aut 0505, Florid (NOTE: F	norized da Statur Registered / 13. 1.1 TITI 1.2 NA/	Agent LE REET	signature requ	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	00004 (44,00)
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUISENBI 7829 FOX WINTER P	or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE	of Florid ations of, ent and title if	a. Such chan Section 607. fapplicable. CTORS	nge was aut 0505, Florid (NOTE: F	nonzed da Statur Registered / 13. 1.1 TITI 1.2 NA	Agent LE ME REET	signature requ	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7,0000
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered age im familiar wit Signature, typed of QUISENBI 7829 FOX WINTER P	ont, or both, in the State h, and accept the obligation or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL	of Florid ations of, ent and title if	a. Such chan Section 607. fapplicable. CTORS	oge was aut 0505, Floric (NOTE: F	norized da Staturia Staturia 13. 1.1 TITU 1.2 NAM 1.3 STF 1.4 CIT	Agent LE ME REET	signature requ	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	7,0000
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD QUISENBI 7829 FOX WINTER P VD MANDIGO	ont, or both, in the State h, and accept the obligation or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL , THERESA S	of Florid ations of, ent and title if	a. Such chan Section 607. fapplicable. CTORS	oge was aut 0505, Floric (NOTE: F	tegistered / 13. 1.1 TITI 1.2 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	Agent LE ME REET/ LE ME ME ME	signature requ	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	7,0000
office or ragent. I a gent. I a signature 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	PD QUISENBI 7829 FOX WINTER P VD MANDIGO 214 MOSS	or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL , THERESA S S RD	of Florid ations of, ent and title if	a. Such chan Section 607. fapplicable. CTORS	oge was aut 0505, Floric (NOTE: F	tegistered / 13. 1.1 TITI 1.2 NAN 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	Agent LE ME REET/ Y-ST- LE ME REET/	signature required ADDRESS ADDRESS	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition) POOLOGO
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD QUISENBI 7829 FOX WINTER P VD MANDIGO 214 MOSS	ont, or both, in the State h, and accept the obligation or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL , THERESA S	of Florid ations of, ent and title if	a. Such chan Section 607. f applicable. CTORS	oge was aut 0505, Floric (NOTE: F	togistered / 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	Agent LE ME REET Y-ST- LE ME REET TY-ST- TY-ST	signature required ADDRESS ADDRESS	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition) POOLOGO
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OUISENBI 7829 FOX WINTER P VD MANDIGO 214 MOSS WINTER S	ont, or both, in the State h, and accept the obligation or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL , THERESA S S RD PRINGS FL	of Florid ations of, ent and title if	a. Such chan Section 607. f applicable. CTORS	OSOS, Florid (NOTE: F	Registered / 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT	Agent LE ME REET / ST. LE REET / ST. LE REET / ST. LE	ADDRESS -ZIP -ZIP	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition) POOLOGO
office or ragent. I a agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	PD OUISENBI 7829 FOX WINTER P VD MANDIGO 214 MOSS WINTER S STD BLAIR, KA 940 DOUG	or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL THERESA S B RD PRINGS FL REN- BLAS AVE., #201	of Florid ations of, ant and title if	a. Such chan Section 607. f applicable. CTORS	OSOS, Florid (NOTE: F	13. 1.1 ITN 1.2 NA 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.2 NAI 3.3 ZAA	Agent LE ME REET/ Y-ST- LE ME REET/ LE ME ME REET/ ME ME REET/ TY-ST	ADDRESS -ZIP -ZIP	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition) POOLOGO
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	PD OUISENBI 7829 FOX WINTER P VD MANDIGO 214 MOSS WINTER S STD BLAIR, KA 940 DOUG	or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL , THERESA S S RD PRINGS FL	of Florid ations of, ant and title if	a. Such chan Section 607. f applicable. CTORS	OSOS, Florid (NOTE: F DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 2.1 TITI 2.2 NAI 2.3 STF 2.4 CII 3.1 TITI 3.2 NAI 3.3 STF 3.4 CII 3.4 CII	Agent LE ME REET; LE ME REET; TY-ST LE ME REET; TY-ST	ADDRESS ADDRESS -ZIP ADDRESS	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition	Accretical Control of the Control of
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	PD OUISENBI 7829 FOX WINTER P VD MANDIGO 214 MOSS WINTER S STD BLAIR, KA 940 DOUG	or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL THERESA S B RD PRINGS FL REN- BLAS AVE., #201	of Florid ations of, ant and title if	a. Such chan Section 607. f applicable. CTORS	OSOS, Florid (NOTE: F	13. 1.1 TITI 1.2 NAI 1.3 STF 2.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF	Agent LE ME REET; LE ME REET; TY-ST LE ME REET; TY-ST	ADDRESS ADDRESS -ZIP ADDRESS	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	Accretical Control of the Control of
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	PD OUISENBI 7829 FOX WINTER P VD MANDIGO 214 MOSS WINTER S STD BLAIR, KA 940 DOUG	or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL THERESA S B RD PRINGS FL REN- BLAS AVE., #201	of Florid ations of, ant and title if	a. Such chan Section 607. f applicable. CTORS	OSOS, Florid (NOTE: F DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 2.1 TITI 2.2 NAI 2.3 STF 2.4 CII 3.1 TITI 3.2 NAI 3.3 STF 3.4 CII 3.4 CII	Agent LE ME REET Y-ST- LE ME REET LE ME REET LE ME TY-ST LE LE ME TY-ST LE	ADDRESS ADDRESS -ZIP ADDRESS	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition	Accretical Control of the Control of
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE	PD QUISENBI 7829 FOX WINTER P VD MANDIGO 214 MOSS WINTER S STD BLAIR, KA 940 DOUC ALTAMON	or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL THERESA S B RD PRINGS FL REN- BLAS AVE., #201	of Florid ations of, ant and title if	a. Such chan Section 607. f applicable. CTORS	OSOS, Florid (NOTE: F DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 2.1 TITI 2.2 NAI 2.3 STF 2.4 CII 3.1 TITI 3.3 STF 4.4 CII 4.1 TITI 4.2 NAI 4.3 NAI 4.2 NAI 4.2 NAI 4.3 NAI 4.2 NAI 4.2 NAI 4.3 NAI 4.2 NAI 4.3 NAI 4.2 NAI 4.3 NAI 4.3 NAI 4.2 NAI 4.3 NAI 4.2 NAI 4.3 NA	Agent LE ME REET LE ME REET LE ME REET LE	ADDRESS ADDRESS -ZIP ADDRESS	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition	Accretical Control of the Control of
office or r agent. I a SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PD QUISENBI 7829 FOX WINTER P VD MANDIGO 214 MOSS WINTER S STD BLAIR, KA 940 DOUC ALTAMON	or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL THERESA S B RD PRINGS FL REN- BLAS AVE., #201	of Florid ations of, ant and title if	a. Such chan Section 607.	OSOS, Florid (NOTE: F DELETE DELETE DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 2.1 TITI 2.2 NAI 2.3 STF 2.4 CII 3.1 TITI 3.3 STF 4.4 CII 4.2 NAI 4.3 STF 4.4 CII 4.4 CII 4.4 CII 4.5 NAI 4.5 STF 4.4 CII 4.5 NAI 4.5 STF 4.4 CII	Agent LE ME REET/ Y-ST- LE ME REET/ LE ME REET/ LLE ME REET/ Y-ST LE MY-ST LE MY-ST	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition	A COLOCO
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD QUISENBI 7829 FOX WINTER P VD MANDIGO 214 MOSS WINTER S STD BLAIR, KA 940 DOUC ALTAMON	or printed name of registered age OFFICERS AN ERRY, DEBBIE S KNOLL PLACE ARK FL THERESA S B RD PRINGS FL REN- BLAS AVE., #201	of Florid ations of, ant and title if	a. Such chan Section 607.	OSOS, Florid (NOTE: F DELETE DELETE	13. 1.1 TITI 1.2 NAN 1.3 STF 2.4 CIT 3.1 TITI 3.3 STF 2.4 CIT 3.1 TITI 4.2 NAN 4.3 STF 4.4 CIT 4.1 TITI 4.2 NAN 4.3 STF	Agent LE ME REET Y-ST- LE ME REET TY-ST LE ME REET LE ME REET TY-ST LE	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition	A COLOCO

CITY-ST-ZIP 14. I 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 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: \

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Addition

☐ Change

FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90061 029 ***150.00