


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90148 050 ***150.00

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000046175

1. Corporation Name
MARIAH CLAIMS SERVICES, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 511 W. BAY STREET SUITE 400 TAMPA FL 33606 | 511 W. BAY STREET SUITE 400 TAMPA FL 33606 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

59-3423611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

POE, WILLIAM F JR
511 W. BAY STREET
SUITE 400
TAMPA FL 33606

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

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 | DIRECTOR & PRESIDENT <input type="checkbox"/> DELETE |
| NAME | POE, WILLIAM F JR |
| STREET ADDRESS | 511 W BAY STREET, SUITE 400 |
| CITY-ST-ZIP | TAMPA FL 33606 |

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | KRZESINSKI, THOMAS S |
| STREET ADDRESS | 511 W BAY STREET SUITE #400 |
| CITY-ST-ZIP | TAMPA FL 33606 |

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | KEREN POE SMITH |
| STREET ADDRESS | 511 W BAY STREET SUITE #400 |
| CITY-ST-ZIP | TAMPA FL 33606 |

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LUNSKIS, MARILYN C |
| STREET ADDRESS | 511 W BAY STREET SUITE #400 |
| CITY-ST-ZIP | TAMPA FL 33606 |

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MITCHELL, JANICE |
| STREET ADDRESS | 511 W BAY STREET SUITE #400 |
| CITY-ST-ZIP | TAMPA FL 33606 |

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | POE, CHARLES E |
| STREET ADDRESS | 511 W BAY STREET SUITE #400 |
| CITY-ST-ZIP | TAMPA FL 33606 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | CFO & TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JAN JACOB MEDER |
| 1.3 STREET ADDRESS | 12213 WOOD DUCK PLACE |
| 1.4 CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 |

| | |
|--------------------|---|
| 2.1 TITLE | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SHARON P. BOYLAN |
| 2.3 STREET ADDRESS | 3160 52ND ST. N. |
| 2.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33710 |

| | |
|--------------------|--|
| 3.1 TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | WILLIAM F. POE, SR. |
| 3.3 STREET ADDRESS | 511 BAY ST, SUITE 400 |
| 3.4 CITY-ST-ZIP | TAMPA, FL 33606 |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)