SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000073126 (9)

CLAIMS MANAGEMENT CENTER, INC.

FILED Jul 30 1998 8:00am Secretary of State



	of Business			
450 E LAS OLA	AS BLVD	450 E LAS OLAS BLVD		
SUITE 1200	-	SUITE 1200		DO NOT WRITE IN THIS SPACE
FORT LAUDERD	FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301		01	3. Date Incorporated or Qualified
				08/22/1997 4. FEI Number Applied For
	ace of Business	2a. Mailing Address	th CL. I	
21 10 5	of or orrest	26 110 ST 10	D Tree	
Suite, Apt	#. <u>01</u> 6.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
22 2/25/2	F1007	27 O F 10	01	
City & State	Lauderdale	City & State	derdale	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 333	Country SA	29 3330 \		8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No
<u>; </u>	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered Agent
r T	CORPORATION SYSTEM	<u> </u>	81 Name	
	SOUTH PINE ISLAND ROAD		99 01 1	Indiana (D.O. Bay Number is Not Associable)
	NTATION FL 33324		82 Street A	Address (P.O. Box Number is Not Acceptable)
FLA	NIMINUN FL 33324		83	
			84 City	FL 85 Zip Code
11. Pursuant	to the proviology of eactions 607 0503	and 607 1508 Florida Statutes	the shove-named co	and a submitted that a feet amount for the purpose of changing its registered
office or s	regi ster ed agent, or both, in the State	of Florida. Such change was au	thorized by the corpo	oration's board of directors. I hereby accept the appointment as registered
	am familiar with, and accent the obliga	itions of, section 607.0505, Flor	ida Statutes.	
agent. I a	an rammar wan, and accept the estige			
SIGNATURE .				
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable (NOT	E: Registered Agent signature	e required when reinstating) DATE
SIGNATURE		t and title if applicable (NOT D DIRECTORS	E: Registered Agent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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.