

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

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Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P97-000 103899*

SOUTH FLORIDA ADJUSTERS INC.

Principal Place of Business Mailing Address

*1102 NW 79th Dr
Plantation FL 33322*

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <i>12/2/97</i>	
21. <i>SAME</i>		26. Suite, Apt. #, etc.		4. FEI Number <i>65-0801244</i>	Applied For Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	Country	28. Zip	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Zip	Country	29. Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

*Robert Rudolph Pres.
1102 NW 79th Dr
Plantation FL 33322*

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 607.012 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.055, Florida Statutes.

SIGNATURE *[Signature]* DATE *5/27/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>Robert Rudolph, Pres.</i> ☐ DELETE	11. TITLE	☐ Change ☐ Addition
NAME		12. NAME	
STREET ADDRESS	<i>1102 NW 79th Dr</i>	13. STREET ADDRESS	
CITY-ST-ZIP	<i>Plantation FL 33322</i>	14. CITY-ST-ZIP	
TITLE	☐ DELETE	21. TITLE	<i>00000025504266</i> ☐ Change ☐ Addition
NAME		22. NAME	<i>-06/08/98--01018--010</i>
STREET ADDRESS		23. STREET ADDRESS	<i>***150.00</i>
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE	☐ DELETE	31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	☐ DELETE	41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	☐ DELETE	51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	☐ DELETE	61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I hereby certify that the information supplied with this form 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 registered agent authorized 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 addition line if added.

SIGNATURE: *[Signature]* DATE: *5/27/98*

CR2E034 (10/97)