

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**  
07-30-1999 90009 031 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000029055**  
1. Corporation Name  
**ACCIDENT SOLUTION GROUP, INC.**

Principal Place of Business  
**9396 BOCA RATON CIRCLE  
BOCA RATON FL 33434**

Mailing Address  
**9396 BOCA RATON CIRCLE  
BOCA RATON FL 33434**



2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country  
**29**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/30/1998**

4. FEI Number  
**65-0824777**

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**SHOUP, GEOFF  
9396 BOCA RATON CIRCLE  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **9396 BOCA RIVER CIRCLE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHOUP, GEOFF</b>	
STREET ADDRESS	<b>9396 BOCA RATON CIRCLE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>9396 BOCA RIVER CIRCLE</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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.

SIGNATURE: *[Signature]* **24 Aug 99 954-427-7000**

CR2E034 (5/99)

599169-90009-31  
P98000029055



## ACCIDENT SOLUTION GROUP, INC.

"We Handle All The Headaches Of An Auto Accident"

19 July 1999

Division Of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir,

Last week I called your Division Of Corporations and was instructed to correct the Annual Report form and forward a check, payable to the Department of State, for \$150.00, which is hereby enclosed.

I never received the first notice and I am fortunate to have received the second. I have corrected the annual report form to reflect my correct address as 9396 Boca River Circle. Everything else is correct.

Thank you for your attention to this matter.

With Kind Regards,

R. Geoffrey Shoup

RGS/me  
Encls.