

COND 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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90021 029 ***150.00

DOCUMENT # **P98000030255**
Corporation Name
WEST BROWARD CLAIMS, INC.



Principal Place of Business
**531 NW 115 TERRACE
SUNRISE FL 33323**

Mailing Address
**3531 NW 115 TERRACE
SUNRISE FL 33323**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1998	
4. FEI Number 65-0831014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business 12850 W. SR 84, 14-7	2a. Mailing Address 12850 W. SR 84, 14-7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
27	28
City & State DAVIE, FL	City & State DAVIE, FL
Zip 33325	Zip 33325
Country USA	Country USA
25	29
30	

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
81 Name HARRY RYDER	82 Street Address (P.O. Box Number is Not Acceptable) 12850 W. SR 84, 14-7	83	
84 City DAVIE	85 Zip Code 33325	FL	

I. 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 **HARRY F. RYDER Pres.** DATE **7-3-99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PSTD RYDER, HARRY F III	<input type="checkbox"/> DELETE	1.1 TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 3531 NW 115 TERRACE		1.2 NAME RYDER, HARRY F. III	
3. CITY-STATE-ZIP SUNRISE FL 33323		1.3 STREET ADDRESS 12850 W. SR 84, 14-7	
4. CITY-STATE-ZIP DAVIE, FL 33325		1.4 CITY-STATE-ZIP DAVIE, FL 33325	
5. NAME PSTD	<input type="checkbox"/> DELETE	2.1 TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS 3531 NW 115 TERRACE		2.2 NAME RYDER, HARRY F. III	
7. CITY-STATE-ZIP SUNRISE FL 33323		2.3 STREET ADDRESS 12850 W. SR 84, 14-7	
8. CITY-STATE-ZIP DAVIE, FL 33325		2.4 CITY-STATE-ZIP DAVIE, FL 33325	
9. NAME PSTD	<input type="checkbox"/> DELETE	3.1 TITLE PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS 3531 NW 115 TERRACE		3.2 NAME RYDER, HARRY F. III	
11. CITY-STATE-ZIP SUNRISE FL 33323		3.3 STREET ADDRESS 12850 W. SR 84, 14-7	
12. CITY-STATE-ZIP DAVIE, FL 33325		3.4 CITY-STATE-ZIP DAVIE, FL 33325	
13. NAME PSTD	<input type="checkbox"/> DELETE	4.1 TITLE PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS 3531 NW 115 TERRACE		4.2 NAME RYDER, HARRY F. III	
15. CITY-STATE-ZIP SUNRISE FL 33323		4.3 STREET ADDRESS 12850 W. SR 84, 14-7	
16. CITY-STATE-ZIP DAVIE, FL 33325		4.4 CITY-STATE-ZIP DAVIE, FL 33325	
17. NAME PSTD	<input type="checkbox"/> DELETE	5.1 TITLE PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS 3531 NW 115 TERRACE		5.2 NAME RYDER, HARRY F. III	
19. CITY-STATE-ZIP SUNRISE FL 33323		5.3 STREET ADDRESS 12850 W. SR 84, 14-7	
20. CITY-STATE-ZIP DAVIE, FL 33325		5.4 CITY-STATE-ZIP DAVIE, FL 33325	
21. NAME PSTD	<input type="checkbox"/> DELETE	6.1 TITLE PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS 3531 NW 115 TERRACE		6.2 NAME RYDER, HARRY F. III	
23. CITY-STATE-ZIP SUNRISE FL 33323		6.3 STREET ADDRESS 12850 W. SR 84, 14-7	
24. CITY-STATE-ZIP DAVIE, FL 33325		6.4 CITY-STATE-ZIP DAVIE, FL 33325	

I. 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: **HARRY F. RYDER** REQUIRED
Date Daytime Phone #

CR2E034 (5/99)

585553-90021-29
P98000030255

State of Florida

Please waive the late fee.

I did not receive the first notice. Probably because I moved twice since the 3531 NW 115 Terrace address.

Thank you

A handwritten signature in dark ink, appearing to read "Harry F. Ryder III", is written over a horizontal dashed line.

Harry F Ryder III President