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).

PROFIT CORPORATION ANNUAL REPORT 1999

STREET ADDRESS

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90022 030 ***150.00

407-812-9600

DOCUMENT #	P98000055436
1 Comoration Name	I GGGGGGGTGG

PROACTIVE CLAIMS MANAGEMENT, INC.

Deinoinal Di	ce of Business	Mailing A	ddrees						
		_		n cure	2				
631 EAST OAK RIDGE ROAD SUITE 2 631 EAST OAK RIDGE ROAD SUITE 2 ORLANDO FL 32809									
					DO NOT V	RITE IN THIS SPAC	Æ		
}						3. Date Incorporated or Qualit	ied		
				1		06/22/1998			
Principal Place of Business Za. Mailing Address						4. FEI Number		Applied For	
21 26						59-35/757	8	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desire	4 1 1 7 -	.75 Additional ee Required		
City & State City & State						6. Election Campaign Financia	na \$!	5.00 May Be	
23 28						Trust Fund Contribution	- '	dded to Fees	
Zip				Cour	Country 8. This corporation owes the current year				
24	25	29		30		Intangible Personal Propert	·	☐ No	
		s of Current Registered	Agent	1		10. Name and Address of Ne			
		T			Name				
GRE	en, catherine e			1	0 04	tidens (D.O. Pay Number in No. According	entable)		
159 LOOKOUT PLACE SUITE 101						ddress (P.O. Box Number is Not Acc	eptable)		
j MAII	ILAND FL 32751				33				
				ŀ	34 City		85	Zip Code	
							FL _		
office or	registered agent, or both am familiar with, and acc	, in the State of Florida. Sue ept the obligations of, section	ch change was a	authorized	by the corpor	poration submits this statement for the ration's board of directors. I hereby ac	cept the appointment	as registered	
<u> </u>	Signature, typed or printed name	of registered agent and title if applicat		_	d Agent signature	required when reinstating)	DATE		
12.	OF	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO			
TITLE			DELETÉ	1.1 TITI		PRESID-WT	Ch	ange Addition	
NAME			-	1.2 NA	E .	JEFFREY O'CONN	1000		
STREET ADDRESS				1.3 STR	ET ADDRESS	JEFFREY O'CONN SISO S. CONWAY ORIGNOO, FL.	, IZD.		
CITY-ST-ZIP				1.4 CIT	-ST-ZiP	ORGANDO, FL.	37817		
TITLE			DELETE	2.1 TITI	E	,	Ch	nange Addition	
NAME				2.2 NA	E				
STREET ADDRESS				2.3 STR	ET ADDRESS				
-CITY-ST-ZIP				2.4 CIT	-ST-ZIP	- <u> </u>			
TITLE		<u> </u>	DELETE	3.1 TITI	E		Cr	nange Addition	
NAME				3.2 NAI	E			•	
STREET ADDRESS				3.3 STF	ET ADDRESS				
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STREET ADDRESS	[ET ADDRESS				
CITY-ST-ZIP									
				_	-ST-ZIP	t			
TITLE			DELETE	5.4 CIT 6.1 TITI		· · · · · · · ·	Cr	nange Addition	

6.3 STREET ADDRESS

JEFFREY O'CONNOR

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 teport 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 trouble embowered 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 than attachment with an edgress.



5150 S. Conway Road Orlando, FL 32812 407-812-9600

596443-90022-30

Conway Family Karate

July 13, 1999

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Profit Corporation Annual Report

To whom it may concern,

Our first notice of an annual report and fee arrived in the mail last week via a form labeled "2nd Notice". I contacted your office and was instructed to include this letter with the report and our check for \$150.00

Sincerely

Jeff O'Connor