

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90072 009 \*\*\*150.00

DOCUMENT # P98000056433

1. Corporation Name

Total Accident Solutions, Inc.

Principal Place of Business

3051 N. Federal Hwy  
#203

Mailing Address

P.O. Box 4641

Ft. Lauderdale, FL 33306

Ft. Lauderdale, FL 33338

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3051 N. Federal Hwy

Suite, Apt. #, etc.

22 203

City & State

23 Ft. Lauderdale, FL

24 33306

Country

25 USA

2a. Mailing Address

26 P.O. Box 4641

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

Zip

29 33338

Country

30 USA

3. Date Incorporated or Qualified

06/24/1998

4. FEI Number

65-0848661

Applied For

Not Applicable

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 Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

Romano, David  
4213 W. Hillsboro Blvd  
Coconut Creek, FL 33073

10. Name and Address of New Registered Agent

81 Name Rappel, Robert  
82 Street Address (P.O. Box Number is Not Acceptable)  
5070 Highway A1A, North  
83 # 221  
84 City Vero Beach FL 85 Zip Code 32963

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

Robert Rappel

Robert Rappel

4-28-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME Romano, David  
STREET ADDRESS 4213 W. Hillsboro Blvd.  
CITY-ST-ZIP Coconut Creek, FL 33073

TITLE ☒ DELETE

NAME Bradford, Charles Jr.  
STREET ADDRESS 3601 W. Commercial Blvd.  
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D/P  
1.3 STREET ADDRESS Poitevien, Reginald  
1.4 CITY-ST-ZIP 3051 N. Federal Hwy #203  
Ft. Lauderdale, FL 33306

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

David Romano

4-28-99 (954) 567-2255

Date

Daytime Phone #

CR2E034 (1/98)