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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S20748

**(7)** 

METRO CLAIMS, INC.

	OLAHIO, HIO.								
Principal Place	e of Business	Mailing Address			1   1   1   1   1   1   1   1   1	HOM COMUNICAN DARI RA			
3056 MERCY DR ORLANDO FL 32908 US			3056 MERCY DR ORLANOD FL 32808-3148 US						
10		00			3. Date Incorpo	orated or Qualified	1.34	te of Last R	eport
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<b>Y</b>			plied For
]		26			59-30569	970		No	t Applicable
Suite, Apt. :		Suite, Apt. #, etc.			5. Certificate of	* 13		\$8.75 Fee Re	Additional equired
City & State	е	City & State			6. Election Can Trust Fund C	npaign Financing Contribution			May Be to Fees
Zip	Country	Zip	Cour	ntry	8. This corpora	tion has liability for		tax under s	. 199.032,
<u> </u>	25	29	30		Florida Statu			] No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and A	Address of New Re	egistered /	Agent	
	BER, SCOTT M			81 Name					
	EAST TWIGGS		Ī	82 Street Add	iress (P.O. Box Num	ber is Not Accepta	ble)		
	E 200			83				·	<del></del>
TAMI	PA FL 33602		1	03					
			ľ	84 City			FL	<b>85</b> Zip	Code
IGNATURE:	to the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the ob					***************************************		· · · · · · · · · · · · · · · · · · ·	
IGNATURE:	Stgrature, typed or profest cannot of registered	agent and title if applicable. (N			lired when reinstating)	CHANGES TO OFFI	DATE		
SIGNATURE.  2.  BILL	Signature, typod or present ranso of registered OFFICERS /	agent and title it applicable. (N	OTE: Registered	Agent signature requ	lired when reinstating)	······································	DATE		RS IN 12
IGNATURE:  2. ILE AME	Signature, typind or present ration of registered OFFICERS A P ERSKINE, SCOTT M	agent and title if applicable. (N	OTE: Registered 13. 1.1 TIT 1.2 NA	Agent signature requ	lired when reinstating)	······································	DATE	DIRECTOR	RS IN 12
IGNATURE.  2. ILLE AME IREET ADDRESS	Stgrature, typed or profed cannot registered OFFICERS A PERSKINE, SCOTT M 2809 TAMMARRON LANE	agent and title if applicable. (N	13. 1.1 TIT 1.2 NA 1.3 STI	Agent signature require.  LE  VIE  REET ADDRESS	lired when reinstating)	······································	DATE	DIRECTOR	RS IN 12
IGNATURE  2. ILE AME TREET ADDRESS ITY-ST-ZIP	Stgrature, typied or protect name of registered OFFICERS / P ERSKINE, SCOTT M 2809 TAMMARRON LANE BRANDON FL	agent and title II applicable (NAND DIRECTORS DELETE	IOTE: Registered 13. 1.1 TIT 1.2 NA 1.3 STI	Agent signature requires LE ME SEET ADDRESS Y-ST-ZIP	lired when reinstating)	······································	DATE	DIRECTOR  Change	RS IN 12
CONTROL OF THE CONTRO	Signature, typical or professional OFFICERS / PERSKINE, SCOTT M 2809 TAMMARRON LANE BRANDON FL	agent and title if applicable. (N	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT	Agent signature requ  LE  ME  SEET ADDRESS  Y-ST-ZIP	lired when reinstating)	······································	DATE	DIRECTOR	RS IN 12
2. BILE BAME THEEF ADDRESS STY-SI-ZIP SILE BAME AME	Signature, typied or profest ramin of registered OFFICERS / P ERSKINE, SCOTT M 2809 TAMMARRON LANE BRANDON FL VP LESTER, BRUCE A	agent and title 1 applicable (NAND DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA	Agent signature requ  LE  ME  SEET ADDRESS  Y-ST-ZIP	lired when reinstating)	CHANGES TO OFFI	DATE	DIRECTOR  Change	RS IN 12
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