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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S23304 (6)

1. Corporation Name

TRANSPORTATION SELF-INSURANCE ADJUSTING & SUBROG
ATION SERVICE, INC.

Principal Place of Business

11900 BISCAYNE BLVD
SUITE 404
MIAMI FL 33181

Mailing Address

11900 BISCAYNE BLVD
SUITE 404
MIAMI FL 33181-2726



2. Principal Place of Business	2a. Mailing Address
21 11900 BISCAYNE BLVD	26 11900 BISCAYNE BLVD
22 Suite, Apt. #, etc. 511	27 Suite, Apt. #, etc. 511
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33181 Country USA	29 Zip 33181 Country USA

3. Date Incorporated or Qualified 01/08/1991	3a. Date of Last Report 06/18/1996
4. FEI Number 65-0237039	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authorized
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S

above-named corporation submits this statement for the purpose of changing its registered
by the corporation's board of directors. I hereby accept the appointment as registered
agent.

SIGNATURE

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

(NOTE: Register

Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KAUFMAN, MICHAEL S	1.2 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #404	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 addressee.

SIGNATURE: ✓

Michael S. Kaufman, Esq.

4/24/97 305-893-8756

CR2E034 (9/96)