


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

FILED

Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S28121 (9) 1. Corporation Name RH CLAIM SERVICE, INCORPORATED					
Principal Place of Business P O BOX 2057 WINDERMERE FL 34786 US			Mailing Address P O BOX 2057 WINDERMERE FL 34786 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		01/29/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3040012	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
HUCKABE, RUBY H. 1036 OAKDALE ST STE 442 WINDERMERE FL 34786				<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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City		FL 85 Zip Code	
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME			
STREET ADDRESS		1.3 STREET ADDRESS			
CITY-ST-ZIP		1.4 CITY-ST-ZIP			
2.1 TITLE		2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.3 STREET ADDRESS			
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP			
2.4 CITY-ST-ZIP		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE		3.2 NAME			
3.2 NAME		3.3 STREET ADDRESS			
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP			
3.4 CITY-ST-ZIP		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE		4.2 NAME			
4.2 NAME		4.3 STREET ADDRESS			
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP			
4.4 CITY-ST-ZIP		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE		5.2 NAME			
5.2 NAME		5.3 STREET ADDRESS			
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP			
5.4 CITY-ST-ZIP		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE		6.2 NAME			
6.2 NAME		6.3 STREET ADDRESS			
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP			
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)(f), 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: *Ruby H. Huckabee* **FILED**

1-30-98 (407) 876-5155

CR2E034 (10/97)