FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 49556

1. Current Name
National Subrogation Services, Inc.

Last Place of Business
1924 W. MLK Blvd
Tampa, FL 33607

Mailing Address
P.O. Box 261493
Tampa, FL 33685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3a. Date of Last Report

2. Principal Place of Business
21 1924 W. MLK Blvd
Suite, Apt. #, etc.
22
City & State
23 Tampa, FL
Zip
24 33607
County
25 Hillsboro

2a. Mailing Address
26 P.O. Box 261493
Suite, Apt. #, etc.
27
City & State
28 Tampa, Fl
Zip
29 33685
Country
30 Hillsboro

4. FEI Number
59-3063769
☐ 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 has liability for intangible tax under S 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent
Dawn M. Gari
1924 W. MLK Blvd
Tampa, FL 33607

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 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph M. Gari 1924 W. MLK Blvd. Tampa, FL 33607	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition 900001482979 -05/10/95--01087--014
		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	****70.00 ☐ Change ☐ Addition
		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition 5/1/95 mst
		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with this filing is voluntarily furnished and 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 1 or Block 2 above, or on an attachment with an address.

SIGNATURE: Joseph M. Gari President 5/1/95 813-272-3761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #