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

DOCUMENT # S49556 1. Corporation Name

NATIONAL SUBROGATION SERVICES, INC.

May 07, 1999 8:00 am Secretary of State

05-07-1999 90126 002 ***150.00



Principal Place of Business Mailing Address						f (detrains in allens and anne ann ann ann ann ann			
1924 W. MKL BLVD. P.O. BOX 261493 TAMPA FL 33607 TAMPA FL 33685					DO NOT W	RITE IN THIS	S SPACE		
						3. Date Incorporated or Qualife	:d		
						05/01/1991			
Principal Place of Business 2a. Mailing Address						4. FEI Number Applie		plied For	
21			26			<u>59-3063769</u>			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	l I
22			27					Fee Re	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be			
Zio Country			Zip Country			Trust Fund Contribution Added to Fees			
Zip Country 25			29 30			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24				30		10. Name and Address of Nev	Registered		
9. Name and Address of Current Registered Agent					Name				
GAÀ	IL DAWNLING /	nichael	GerArd GAIZI	82	0	(D.O. D. M. charic Mark	-1-61-1		
1924 W. MLK BLVD. 1424			W. MLK BLUD		Street Ad	eet Address (P.O. Box Number is Not Acceptable)			
TAM	IPA F1533607		FL 33607	83					
		1 Hm 174	11 3300,	24	0:1			as Zin (Codo
				84	City		FI	85 Zip C	.ode
agent. I a SIGNATURE			of, Section 607.0505, Florid			ured when reinstating)	DATE		
12.		FICERS AND DIR		13.		ADDITIONS/CHANGES TO	FFICERS A	AND DIRECTO	RS IN 12
TITLE	P.\ P DELETE 1.1			1.1 TITLE		^		Change	Addition
NAME	GAPIL JOSEPH M	MichAll	1 GerArd GAR,	1.2 NAME		michael Gorard 1924 W. MLK Co	GAR		
STREET ADDRESS	1095 NEHMAN RD		. MIK BLUE	1.3 STREET	ADDRESS	1924 W. MLK G	.uv		
CITY-ST-ZIP	TAMPA RL	TAMP	A,FL 33607	1.4 CITY-5	T-ZIP	TAMPA, FL 336	07	= 2.0	
TITLE			☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME				2.2 NAME					
STREET ADDRESS	l			2.3 STREET	1				ļ
CITY-ST-ZIP			□ DELETE	2. 4 CITY-5	T-ZIP			Change	Addition
TITLE			☐ DELETE	3.1 TITLE				change	
NAME				3.2 NAME 3.3 STREET	ANNDESS				
STREET ADDRESS				3.4. CITY-S					ļ
CITY-ST-ZIP	 		☐ DELETE	4.1 TITLE	. 411			Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T- ZIP				
TITLE			☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	J			5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				ĺ
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	6.1 TITLE	-			Change	☐ Addition
NAME	1			6.2 NAME					
070557 4 0055700	.[6.3 STREE1	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: _

CONTROL NAME OF SIGNING OFFICER OR DIRECTOR