

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 11:41

DOCUMENT # **V17985** (5)

1. Corporation Name  
**ALAN WOLONICK PUBLIC ADJUSTER, INC.**

Principal Place of Business: **9662 RIDGECREST CT. DAVIE FL 33328**  
Mailing Address: **5722 S. FLAMINGO ROAD #258 COOPER CITY FL 33330**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/02/1992**  
3a. Date of Last Report: **06/01/1994**

4. FEI Number: **APPLIED FOR 65-0493973**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 9662 Ridgecrest Ct DAVIE -0- DAVIE FL 33328 USA**  
2a. Mailing Address: **26 5722 S. FLAMINGO ROAD #258 COOPER CITY FL 33330 USA**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **28 DAVIE FL**  
24. Zip: **29 33328** Country: **30 USA**

9. Name and Address of Current Registered Agent

**WOLONICK, ALAN R  
9662 RIDGECREST COURT  
DAVIE FL 33328**

10. Name and Address of New Registered Agent

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

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 607.0502, Florida Statutes.

SIGNATURE: *Alan R. Wolonick*

DATE: **3-1-95**

Signature typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required when registered

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE: **PD**  
12.2 NAME: **WOLONICK, ALAN R**  
12.3 STREET ADDRESS: **9662 RIDGECREST COURT**  
12.4 CITY, ST, ZIP: **DAVIE FL 33328**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE:  Change  Addition  
13.2 NAME:  
13.3 STREET ADDRESS:  
13.4 CITY, ST, ZIP:  
13.5 TITLE:  Change  Addition  
13.6 NAME:  
13.7 STREET ADDRESS:  
13.8 CITY, ST, ZIP:  
13.9 TITLE:  Change  Addition  
13.10 NAME:  
13.11 STREET ADDRESS:  
13.12 CITY, ST, ZIP:  
13.13 TITLE:  Change  Addition  
13.14 NAME:  
13.15 STREET ADDRESS:  
13.16 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 my address.

SIGNATURE: *Alan R. Wolonick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3-1-95**  
TELEPHONE: **(305) 370-0041**