


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

FILED
Jan 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V32760 (3) 1. Corporation Name CLAIMS TECH INVESTIGATIONS, INC.					
Principal Place of Business 3706 WEST MCKAY AVENUE TAMPA FL 33608 US			Mailing Address 3706 WEST MCKAY AVENUE TAMPA FL 33609 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2a		04/30/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3120878	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		25	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WARFORD, JOHN W. 3706 WEST MCKAY AVENUE TAMPA FL 33609				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			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		
D WARFORD, JOHN W. 3706 WEST MCKAY AVENUE TAMPA FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
D WARFORD, MARY FRANCES 3706 WEST MCKAY AVENUE TAMPA FL			2.2 NAME		
			2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			3.2 NAME		
			3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			4.2 NAME		
			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			5.2 NAME		
			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
			6.2 NAME		
			6.3 STREET 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.

SIGNATURE: *Mary Frances Warford*

Jan 13, 1998

CR2E034 (10/97)