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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 JUN 30 AM 9:42

DOCUMENT # V56036 (9)

1. Corporation Name
PROFESSIONAL COVERAGE SERVICES, INC.

Principal Place of Business
W.J. TREMBLAY P.A.
1801 S. FEDERAL HWY SUITE 219
DELRAY BEACH FL 33483

Mailing Address
W.J. TREMBLAY P.A.
1801 S. FEDERAL HWY SUITE 219
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 08/03/1992
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business
21 719-7 WHITNEY AVE.
22 Suite Apt # etc.
23 LANTANA, FL.
24 33462 25 P.O.

2a. Mailing Address
26 C/O W.J. Tremblay P.A.
27 1801 S. Federal Hwy.
28 Suite 219
Delray Beach FL 33483
29 30

4. FEI Number: 65-0345262
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. Florida Statutes: Yes X No

9. Name and Address of Current Registered Agent
S/O A
TREMBLEY, W.J. P.A
1801 S. FEDERAL HWY
SUITE 219
DELRAY BEACH FL 33483

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 Section 607.0505, Florida Statutes, the undersigned corporation submits the statement of the registered office or registered agent, or both, in the State of Florida that the registered office and the registered agent of the corporation shall be identical to the registered office and the registered agent of another corporation, or other entity or business association, organized or qualified to do business in the State of Florida.

12. Officers and Directors
D
ORLOWSKI, JAMES L.
6710 FOREST HILL BLVD.
GREEN ACRES CITY FL

13. Additional Officers and Directors
DPVST X Officer X Director
719-7 WHITNEY AVE.
LANTANA, FL. 33462

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 above, or on an attachment with all other like empowered officers and directors, as well as the title of the officer or director.

SIGNATURE: ✓ [signature] PRES 3/14/95 (407) 243-6355
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OF OFFICER OR DIRECTOR
JAMES L. ORLOWSKI, PRES

0276370 CP