Applied For

Fee Required-

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT 1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # **V71376** 1. Corporation Name

INSURANCE CLAIMS SERVICES, INC.

Country

Principal Place of Business	Mailing Address
980 N FEDERAL HWY SUITE 415 BOCA RATON FL 33432	

27

2a. Mailing Address

PO Box

# FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90107 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes the current year Intangible

10/12/1992

65-0362801

4. FEI Number

9. Name and Address of Current Registered Agent  COMMERCIAL MANAGEMENT SERVICES INC 980 N FEDERAL HWY SUITE 415 BOCA RATON FL 33432  11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named 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, the above-named 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, the above-named 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, the above-named 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, the above-named corporation's board of directors. I hereby accept the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  14. OTT-51-72P  15. TITLE  15. TITLE  10. Change Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change Addition  17. Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  20. ADDITIONS/CHANGES TO OFFICERS AND DI	24	25	29 SS427	30		_	Personal Proper	ty Tax.	⊔ Yes	• <b>u</b>	INO
COMMERCIAL MANAGEMENT SERVICES INC 980 N FEDERAL HWY SUITE 415 BOCA RATON FL 33432  11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutus. The above-named corporation submits this statement for the purpose of changing its registered agent. I am finalism with, and except the obligations of Sections 607,0502 and 607,1508. Florida Statutus. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am finalism with, and except the obligations of Section 607,0505. Florida Statutus.  SIGNATURE  Signature. Signature registered agent and ties if applicable.  POTENTIAL DESCRIPTION FLORES AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INDICENTIAL STREET AUGRESS 12. INDICENTIAL STREET AUGRESS 12. INDICENTIAL STREET AUGRESS 12. INDICENTIAL STREET AUGRESS 13. STREET AUGRESS 14. INDICENTIAL STREET AUGRESS 15. INDICE		9. Name and Address of Current R	egistered Agent				10. Name and Add	ress of New Regis	tered Agent		_
SUTE 415 BOCA RATON FL 33432  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered signed, or form in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered or			S INC				dress (P.O. Box Number	is Not Acceptable)	··· <del>··································</del>		_
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature	SUIT	TE 415			83						
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. Thereby accept the appointment as registered agent in a familiar with, and accept the obligations of, Section 607.0505, Florida's Statutes.  SIGNATURE  30/mulure, typed or printed name of negistered agent and this if applicable.  (NOTE, Registered Agent signature required where remittating)  DELETE  1.1 TITLE  DOFFICERS AND DIRECTORS IN 12  1.2 TITLE  SAVIANO, STEVEN J.  980 N. FEDERAL HWY, STE 415  BOCA RATON F.  1.3 STREET ADDRESS  GIY-ST-JP  METANIAS, GEORGE A  980 N. FEDERAL HWY, STE 415  BOCA RATON F.  DELETE  2.1 TITLE  DPST  SUBIN, NEIL  3.2 STREET ADDRESS  GIY-ST-JP  DPST  SUBIN, NEIL  3.3 STREET ADDRESS  GIY-ST-JP  BOCA RATON F.  3.3 STREET ADDRESS  GIY-ST-JP  DPST  SUBIN, NEIL  3.3 STREET ADDRESS  GIY-ST-JP  TITLE  DPST  SUBIN, NEIL  3.3 STREET ADDRESS  GIY-ST-JP  TITLE  DRATE  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPST  SUBIN, NEIL  3.3 STREET ADDRESS  GIY-ST-JP  TITLE  DRATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO						,				•	
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14. Thereby 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 agonal 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	CITY-ST-ZIP										
	14. I hereby	certify that the information supplied with	his filing does not quali	fy for the e	exempt	ion stated in	n Section 119.07(3)(i), Fluire shall have the same I	orida Statutes, I furt egal effect as if mad	her certify tha de under oath	t the in ; that I	formation am an

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.