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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003608 (4)

1. Corporation Name

FLORIDA HURRICANE CATASTROPHE FUND FINANCE CORPORATION



Principal Place of Business

Mailing Address

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE FL 32308

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE FL 32308-7703

3. Date Incorporated or Qualified
07/09/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

59-3427843

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOW, II, HORACE ESQ.
GENERAL COUNSEL
1801 HERMITAGE BLVD., SUITE 641
TALLAHASSEE FL 32308

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D CHILES, LAWTON GOV.
NAME 1801 HERMITAGE BLVD., SIXTH FLOOR
STREET ADDRESS TALLAHASSEE FL 32308
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS PLOS, THE CAPITOL
1.4 CITY-ST-ZIP 32399

TITLE D MILLIGAN, ROBERT F COMPT.
NAME 1801 HERMITAGE BLVD., SIXTH FLOOR
STREET ADDRESS TALLAHASSEE FL 32308
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS PLO9, THE CAPITOL
2.4 CITY-ST-ZIP 32399

TITLE D NELSON, BILL TRES.
NAME 1801 HERMITAGE BLVD., SIXTH FLOOR
STREET ADDRESS TALLAHASSEE FL 32308
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS PLO1, THE CAPITOL
3.4 CITY-ST-ZIP 32399

TITLE D WATKINS, BEN
NAME 1801 HERMITAGE BLVD., SIXTH FLOOR
STREET ADDRESS TALLAHASSEE FL 32308
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS 2ND FLOOR
4.4 CITY-ST-ZIP

TITLE D NICHOLSON, JACK DR.
NAME 1801 HERMITAGE BLVD., SIXTH FLOOR
STREET ADDRESS TALLAHASSEE FL 32308
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 4/17/97

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 000002152380
6.4 CITY-ST-ZIP -04/23/97--01061--035
***61.25

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: JACK DR. NICHOLSON

4/17/97 (904) 413-1340

CR2E037 (9/96)