

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 12 1998 8:00 am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003608 (4)
 1. Corporation Name
FLORIDA HURRICANE CATASTROPHE FUND FINANCE CORPORATION



Principal Place of Business SIXTH FLOOR 1801 HERMITAGE BLVD. TALLAHASSEE FL 32308	Mailing Address SIXTH FLOOR 1801 HERMITAGE BLVD. TALLAHASSEE FL 32308
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3. Date Incorporated or Qualified 07/09/1996	
4. FEI Number 59-3427843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**SOHOW, II, HORACE ESQ.
 GENERAL COUNCIL
 1801 HERMITAGE BLVD., SUITE 641
 TALLAHASSEE FL 32308**

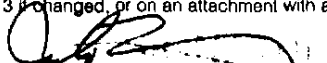
10. Name and Address of New Registered Agent
 81 Name **CORRECTION -**
 82 Street Address (P.O. Box Number is Not Acceptable) **GENERAL COUNSEL**
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILES, LAWTON GOV.	1.2 NAME	
STREET ADDRESS	PL05, THE CAPITOL	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIGAN, ROBERT F COMPT.	2.2 NAME	
STREET ADDRESS	PL09, THE CAPITOL	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	3.1 title is TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, BILL TRES.	3.2 NAME	
STREET ADDRESS	PL01, THE CAPITOL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, BEN	4.2 NAME	
STREET ADDRESS	1801 HERMITAGE BLVD, 2ND FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	5.1 FLOOR IS NOW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, JACK DR.	5.2 NAME	1ST FLOOR
STREET ADDRESS	1801 HERMITAGE BLVD., SIXTH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200002480972
STREET ADDRESS		6.3 STREET ADDRESS	-02/16/98--01012--034
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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

SIGNATURE:  **JACK NICHOLSON** 2/12/98

CR2E037 (10/97)