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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000020990 (6)

1. Corporation Name

NATIONAL CATASTROPHE CLAIMS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1620 MEDICAL LANE
STE. 225
FT MYERS FL 33907
US

7539 E 1ST STREET
SCOTTSDALE AZ 85251-4501
US



3. Date Incorporated or Qualified
03/16/1993

3a. Date of Last Report
07/08/1996

2. Principal Place of Business

2a. Mailing Address

21 1620 Medical Ln *

26 7539 E. 1st ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #225

27

City & State

City & State

23 Ft. Myers FL

28 Scottsdale, AZ

Zip

Country

Zip

Country

24 33907

25

Lee

29 85251

30 Maricopa

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLIDAY, JANE L
1620 MEDICAL LANE
SUITE 220
FT MYERS FL 33907

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

Signature types 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 PD
NAME HOLLIDAY, JANE L
STREET ADDRESS 1620 MEDICAL LANE #220
CITY-ST-ZIP FT MYERS FL 33907

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

Jane L Holliday

1-6-97

608-994-5188

Date

Daytime Phone #

0501451

CR2E034 (9/96)