

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

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1997 FEB 11 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000048704 (7)

1. Corporation Name
INSURANCE CLAIM CONSULTANTS, INC.



Principal Place of Business
**4000 13TH LANE, N.E.
ST. PETE FL 33703**

Mailing Address
**4000 13TH LANE, N.E.
ST. PETE FL 33703-5302**

3. Date Incorporated or Qualified
06/22/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	8730 Thomas Dr	26	4000 13th NE	58-3320593		Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22	Suite 1103-C	27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	Atlanta City Bch, FL	28	St. Petersburg Bay FL				
24	Zip 30408	29	Zip 33703				
25	Country Bay	30	Country FLORIDA				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DELO, RONALD F 4000 13TH LANE, N.E. ST. PETE FL 33703				81 Name	Ameri Lawyer		
				82 Street Address (P.O. Box Number is Not Acceptable)	343 ALMERIA AVE		
				83			
				84 City	Central City	85 State	FL
						86 Zip Code	33114

11. Pursuant to the provisions of Sections 607.0302 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, to 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: **AmeriLawyer**
By: **Natalia Utrera, Vice President** DATE: **2/10/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input type="checkbox"/> DELETE	1.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	DELO, RONALD F		1.2 NAME	III HUN DOW			
STREET ADDRESS	4000 13TH LANE, N.E.		1.3 STREET ADDRESS	4000 B LANE NE			
CITY-ST-ZIP	ST. PETE FL 33703		1.4 CITY-ST-ZIP	St Petersburg, FL 33703			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	Secty Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			2.2 NAME	RONALD DELO			
STREET ADDRESS			2.3 STREET ADDRESS	517 Beckwith rd Supter			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Atlanta City Bch, FL 30408			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			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				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: **[Signature]** DATE: **2/11/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)