

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

**FILED**

**Mar 16 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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: **8230 THOMAS AVE SUITE 1103-C PANAMA CITY BEACH FL 32408**

Mailing Address: **4000 13TH LANE N.E. ST. PETERSBURG FL 33703**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4000 13th Lane NE		26 4000 13th Lane NE		06/22/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 St. Petersburg FL		28 St. Petersburg FL		59-3320593	
24 33703		29 33703		5. Certificate of Status Desired	
25 Pinellas		30 Pinellas		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 St. Petersburg FL		28 St. Petersburg FL		6. Election Campaign Financing Trust Fund Contribution	
24 33703		29 33703		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Pinellas		30 Pinellas		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33114				81 Name: <b>Ronald F DeLo</b>			
				82 Street Address (P.O. Box Number is Not Acceptable): <b>4000 13th Lane NE</b>			
				83			
				84 City: <b>St. Petersburg FL</b>			
				85 Zip Code: <b>33703</b>			

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, 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]* **Ronald F DeLo** DATE: **3-10-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELO, RONALD F	1.2 NAME	
STREET ADDRESS	4000 13TH LANE, N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL 33703	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELO, INHUI	2.2 NAME	
STREET ADDRESS	4000 13TH LANE N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33203	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELO, RENEE	3.2 NAME	
STREET ADDRESS	527 BECKRICH RD., STE 175	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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: **3-10-98** **813-421-3400**

CR2E034 (10/97)