

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

FILED

Apr 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 # P95000057707 (8)

1. Corporation Name

CATASTROPHE RECOVERY MANAGEMENT SERVICES, INC.



Principal Place of Business

7616 SOUTHLAND BLVD
SUITE 108
ORLANDO FL

Mailing Address

7616 SOUTHLAND BLVD
SUITE 108
ORLANDO FL 32809-9513

3. Date Incorporated or Qualified
07/15/1995

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 5757 BLUE LAGOON PR

Suite, Apt. #, etc.

22 ST 110

City & State

23 MIAMI FL

Zip

24 33126

Country

25 USA

2a. Mailing Address

26 5757 BLUE LAGOON PR

Suite, Apt. #, etc.

27 ST 110

City & State

28 MIAMI FL

Zip

29 33126

Country

30 USA

4. FEI Number

59-3385850

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DELOACH, JOHN
7616 SOUTHLAND BLVD
SUITE 108
ORLANDO FL

10. Name and Address of New Registered Agent

81 Name

JOHN DELOACH

82 Street Address (P.O. Box Number is Not Acceptable)

5757 BLUE LAGOON PR

83

ST 110

84 City

MIAMI

FL

85 Zip Code

33126

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

John DeLoach
(NOTE: Registered Agent signature required when reinstating)

4/11/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
BAKER, M.J.
STREET ADDRESS 7616 SOUTHLAND BLVD, SUITE 108
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME D
DELOACH, JOHN
STREET ADDRESS 7616 SOUTHLAND BLVD, SUITE 108
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DIRECTOR
1.3 STREET ADDRESS PARKER, M.J.
1.4 CITY-ST-ZIP 5757 BLUE LAGOON PR ST 110
MIAMI FL 33126

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DIRECTOR
2.3 STREET ADDRESS DELOACH, JOHN
2.4 CITY-ST-ZIP 5757 BLUE LAGOON PR ST 110
MIAMI FL 33126

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME O
3.3 STREET ADDRESS ARMSTRONG, WAYMON
3.4 CITY-ST-ZIP 5757 BLUE LAGOON PR ST 110
MIAMI FL 33126

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Waymon ARMSTRONG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97
Date

(305) 264-9416
Daytime Phone #

CR2E034 (9/96)