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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066341 (5)

INTERNATIONAL CATASTROPHE, INC.

Principal Place of Business \$503 NAVAHO DR PENSACOLA FL \$2507 Mailing Address

P.O. BOX 34201 PENSACOLA FL 32507

FILED

May 11 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1995

| _ | lace of Business | 2a. Mailing Address | | 4. FEI Number | | pplied For | |
|---|---|----------------------------------|------------------|--|--|------------------|-------------|
| 21 | | 26 | | 59-3356666 | | ot Applicable | |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | City & State | ├ ─┐ ′ | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country Z(p | | | Country 8. This corporation owes or has paid the currept year Intangible | | | |
| 24 | 25 29 30 | | | Personal Property Tax due June 30. 🗹 Yes 🔲 No | | | |
| 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | |
| FLAMER-HENDERSON, CHRISTINE A | | | | Name | | | ļ |
| 5503 NAVAHO DR PENSACOLA FL 32507 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | | | | |
| | | | 84 | City | F | 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, typed or professional or registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | 3S IN 12 |
| TITLE | P | ☐ DEL e te | 1.1 TIFLE | | | Change | Addition |
| NAME | HENDERSON, CHARLES V | | 1.2 NAME | | • | | |
| STREET ADDRESS | 5503 NAVAHO DR | | 1.3 STREET | ADDRESS | | | Ji |
| CITY-ST-ZIP | PENSACOLA FL 32507 | | 1.4 CITY-S | T-ZIP | | | |
| TITLE | 8 | ☐ DEL é te | 2.1 1(TLE | | | ☐ Change | Addition 1 |
| NAME | FLAMER-HENDERSON, CHRIS | STINE | 2.2 NAME | | | | |
| STREET ADDRESS | 5503 NAVAHO DR | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA FL 32507 | | 2. 4 CITY - S | ST - ZIP | | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | | Change | Addition |
| NAME | | | 3 2 NAME | | | | i |
| STREET ADDRESS | | | 3 3 STREET | ADDRESS | | | |
| CITY-\$1-ZIP | | | 3 4. CITY - S | ST - ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | · | 4.4 CITY - S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | 1 | | | l |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY - S | T-ZIP | | | |
| TITLE | | DELETE | 6.1 TITLE | | |] Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | |
| CFTY-ST-ZIP | | | 6.4 CITY-S | | | | |
| 14. 1 hereby c | ertify that the information supplied wi | ith this filing does not qualify | y for the exempt | tion stated in | Section 119.07(3)(i), Florida Statutes, I further | certify that the | information |

Indicated on this annual report or supplieriental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

CICMATUDE.

and the first of the second second

1-5-98 (em) 492-2266

;R2E034 (10/97)