

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

FILED
Mar 21 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 # P95000092564 (0)

1. Corporation Name
IMMEDIATE CLAIMS SERVICE, INC.

Principal Place of Business: **1125 SW 2ND AVE GAINESVILLE FL 32601**

Mailing Address: **1125 SW 2ND AVE GAINESVILLE FL 32601-6116**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	State, Apt. #, etc.	26	Suite Apt. #, etc.	01/01/1996	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-3378589	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<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	
RAYMOS, CRYSTAL B 1125 S.W. 2ND AVENUE GAINESVILLE FL 32601		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 607.1505, 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input checked="" type="checkbox"/> DELETE	11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		12. NAME	D CRYSTAL B. RAYMOS
13. STREET ADDRESS		13. STREET ADDRESS	1125 SW 2ND AVENUE
14. CITY-ST-ZIP		14. CITY-ST-ZIP	GAINESVILLE, FL 32601
21. TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY-ST-ZIP		24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		32. NAME	
33. STREET ADDRESS		33. STREET ADDRESS	
34. CITY-ST-ZIP		34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		42. NAME	
43. STREET ADDRESS		43. STREET ADDRESS	
44. CITY-ST-ZIP		44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		52. NAME	
53. STREET ADDRESS		53. STREET ADDRESS	
54. CITY-ST-ZIP		54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		62. NAME	
63. STREET ADDRESS		63. STREET ADDRESS	
64. CITY-ST-ZIP		64. 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)(f), Florida Statutes. I further certify that the information included 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: Crystal B. Raymos 3-18-97 852-374-2282
SIGNATURE MUST BE TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)