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 #

1. Corporation Name

P96000050745 (4)

INTER	RNATIONAL CLAIMS MANAG	GEMENT SERVICES, IN	NC.				
Principal Place of Business Mailing Address						118: 80!(1 88 11 1 68 1	EIGDI BIİL 1981
2530 NE 36TH ST LIGHTHOUSE POINT FL 33064 2530 NE 36TH ST LIGHTHOUSE POINT FL 33064			L 33064		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
<u> </u>					06/13/1996		
ニュー	2. Principal Place of Business 2a. Mailing Address 21 215 ND End Hwy 26				4. FEI Number	<u> </u>	pplied For
21 23 ND End Hwy 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0688249		ot Applicable
	2 602	27			5. Certificate of Status Desired	*	Additional lequired
City & State		City & State			6. Election Campaign Financing		May Be
23 POMPANO BEACH FLA		28		Trust Fund Contribution		to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year In	tangible
24 3500	25 us A	29	30		Personal Property Tax due June 30.		No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent	
	MANUEL, TERRY L		∫81	Name			
	2530 NE 36TH ST		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
L	IGHTHOUSE POINT FL 33064		83				
			63				
			84	City		85 Zip	Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statut	tes the above	a-named corp			its registered
office or r	registered agent, or both, in the State	of Florida, Such change was a	authorized by	the corporati	oration submits this statement for the purposion's board of directors. I hereby accept the	appointment as	registered
	an anguar with and accept the orings	(iii(ii)3 01, 0001011 007,0000,11	onda otatutet	J.			
SIGNATURE	Signature, typed or printed name of registrical age	ent and title if applicable (NO)	t : Registered Age	ont signature require	ed when reinstating) DA	ŤE.	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	MANUEL, TERRY L		1.1 TITLE			[] Change	Addition
NAME			1.2 NAME				
STREET ADDRESS 2530 NE 36TH ST			1.3 STREET	ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		1.4 CITY - S	T-ZIP			T and distan
TITLE	MANUEL, THOMAS G		2.1 TITLE 2.2 NAME			Change	Addition
NAME							
STREET ADDRESS 2530 NE 36TH ST			2.3 STREET	4			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		2. 4 CITY-5 3.1 TITLE	ot - ZiP		Change	Addition
NAME			3.2 NAME				
STREET ADORESS	ORESS		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - S	j			
TITLE	☐ DELEYE		4.1 THILE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE1	ADDRESS			
CITY-ST-ZIP				T-71P			
TITLE	LE DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET	ADDRESS			
CITY-ST-Z#			5.4 CITY - S	T-ZIP			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			63 STREET	ADDRESS			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 of the rocciver or trusted 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.

FILED

May 14 1998 8:00am

Secretary of State