

04/28/99 90039 003 \$150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000062645

1. Corporation Name
INSURANCE CLAIM SERVICES OF AMERICA, INC.

FILED

99 JUL 13 AM 11:54

STATE
TAXES
FLORIDA



Principal Place of Business

Mailing Address

224 Palermo Avenue
Coral Gables, FL 33134

224 Palermo Avenue
Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1997	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number APPLIED FOR 65-0926568	
22. City & State		27. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
H.B. TRUPPMAN 201 West Flagler Street Miami, FL 33130				81. Name 82. Street Address 83. 84. City 85. State 86. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statute, 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 obligation of, Section 607.0505, Florida Statute.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent is a title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DATE		DATE	
TITLE	D	1.1 TITLE	
NAME	Catalina, PATRICK M	1.2 NAME	
STREET ADDRESS	224 Palermo Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 Statute. 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 Statute; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address, with all other like empowered.

SIGNATURE:

[Signature]

PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)