

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

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May 01 1997 8:00am  
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S86356** (0)  
1. Corporation Name  
**INSURANCE CLAIMS MANAGEMENT SYSTEMS, INC.**



Principal Place of Business  
**C/O JOHN INGLE INSURANCE GROUP INC  
438 UNIVERSITY AVENUE STE 1200  
TORONTO CANADA M5G2K8**

Mailing Address  
**2414 N. FEDERAL HWY  
FOR LAUDERDALE FL 33305-2541**

3. Date Incorporated or Qualified  
**10/03/1991**

3a. Date of Last Report  
**06/18/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>6600 NORTH ANDREWS AVENUE</b>	26 <b>C/O JOHN INGLE INSURANCE GROUP INC</b>	<b>65-0297215</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 <b>SUITE 250</b>	27 <b>438 UNIVERSITY AVENUE, SUITE 1200</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 <b>FORT LAUDERDALE FLORIDA</b>	28 <b>TORONTO ONTARIO</b>		
Zip	Zip		
24 <b>33309</b>	29 <b>M5G-2K8</b>		
Country	Country		
25 <b>USA</b>	30 <b>CANADA</b>		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>WEIL, MURRAY A. JR. 1888-78TH STREET CAUSEWAY SUITE 608 MIAMI BEACH FL 33141</b>	81 Name <b>ROBERT MACMILLAN C/O ICMS, INC.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6600 NORTH ANDREWS AVENUE</b> 83 <b>SUITE 250</b> 84 City <b>FORT LAUDERDALE</b> <b>FL</b> 85 Zip Code <b>33309</b>

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 *Robert M. Macmillan* President DATE **APR 23, 1997**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D OVERGAARD, STEVEN M. PRESIDENT</b>	1.2 NAME	
STREET ADDRESS	<b>438 UNIVERSITY AVENUE STE 1200</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORONTO, ONT., CANADA M5G2K8</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE **4/23/97** DAYTIME PHONE **(416) 340-0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)