

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

FILED  
Aug 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>6600 N ANDREWS AVE SUITE 250 FT LAUDERDALE FL 33309 US</b>	Mailing Address <b>%JOHN INGLE INSURANCE GROUP INC 438 UNIVERSITY AVE. SUITE 1200 TORONTO ON M5G2K US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 c/o John Ingle Insurance Group Inc. 27 Suite 1200 28 438 University Ave. 29 City & State 30 Toronto, Ontario 31 Zip 32 M5G 2K8 33 Country 34 CANADA		3. Date Incorporated or Qualified <b>10/03/1991</b>	4. FEI Number <b>65-0297215</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Additional Fee Required <b>\$8.75</b>		9. May Be Added to Fees <b>\$5.00</b>				

9. Name and Address of Current Registered Agent <b>MACMILLAN, ROBERT %CMS, INC 6600 N ANDREWS AVE SUITE 250 FT LAUDERDALE FL 33309</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP OVERGAARD, STEVEN M. 438 UNIVERSITY AVENUE STE 1200 TORONTO, ONT., CANADA</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D/C &amp; CEO OVERGAARD, STEVEN M. 438 University Ave., Suite 1200 Toronto, Ont. Canada M5G 2K8</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D/P &amp; CHIEF MEDICAL OFFICER MacMILLAN, DR. ROBERT 6600 N. Andrews Ave., Suite 250 Fort Lauderdale, Florida, 33309 USA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D/Exec.V &amp; COO INGLE, JOHN D. 438 University Ave., Suite 1200 Toronto, Ont. Canada M5G 2K8</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>V Finance DUNCAN, ROBERT B. 438 University Ave., Suite 1200 Toronto, Ont., Canada M5G 2K8</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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.

CR2E034 (10/97)