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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S86356**

1. Corporation Name

INSURANCE CLAIMS MANAGEMENT SYSTEMS, INC.

Principal Place	e of Business	Ma	ailing Address							,,, 4 1211 2 121	
6600 N ANDREWS AVE			C/O JOHN INGLE INSURANCE GROUP INC								
SUITE 250			438 UNIVERSITY AVE. STE 1200					DO NOT WRITE	IN THIS	SPACE	
FT LAUDERDALI US	E FL 33309	US	RONTO ON M5G2K					Date Incorporated or Qualifed		DI AGE	
US		03						-10/03/1991:			
2 Principal D	lace of Business	2a.	Mailing Address					4. FEI Number			Applied For
— ·	lace of Business	\vdash	Maining Address					65-0297215		h	Not Applicable
Suite, Apt.	# ata	26	Suite, Apt. #, etc.					03 0297213			Additional
_	# ₁ &tC.	27	Outo, Apr. #, 016.					5. Certifcate of Status Desired			Required
City & State		121	City & State	_				6. Election Campaign Financing		\$5.0	0 May Be
23		28	on, a onato					Trust Fund Contribution			d to Fees
Zip	Country	20	Zip	Cou	untry	,		8. This corporation owes the curren	t vear Inta		
24	25	29		30	•			Personal Property Tax.	. ,	Yes	□No
24	9. Name and Address of Curre	11	tered Agent	1001	Т			10. Name and Address of New Reg	gistered /	Agent	
					81	Name					
MAC	MILLAN, ROBERT										
	MS, INC 6600 N ANDREWS AVE	:			82	Street /	Addres	ss (P.O. Box Number is Not Acceptable	e)		i
	E 250				83						
FT L	AUDERDALE FL 33309										
					84	City			FL	85 Zij	p Code
44 Burguant	to the provisions of Soctions 607.05	02 and 6	07 1508 Florida Statut	tes the s	hove	-named	cornor	ration submits this statement for the pu	mose of	changing i	its registered
 office or re 	egistered agent, or both, in the State	of Florid	la. Such change was a	uthorize	a by	the corpo	oration	's board of directors. I hereby accept t	ne appoir	tment as	registered
agent. I a	m familiar with, and accept the oblig	ations of,	, Section 607.0505, Flo	orida Stat	iutes.						1
SIGNATURE			(A) (A)	Consistent	d A		en au úra d	uban solestation	DATE		{
	Signature, typed or printed name of registered age				d Agen		required v	when reinstating)	DATE CERS AN	DIRECT	ORS IN 12
12.	OFFICERS A		CTORS	13.			required v	when reinstating) ADDITIONS/CHANGES TO OFFICE		D DIRECT	
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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 cath; 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP