

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90015 012 ***150.00

DOCUMENT # S86356

1. Corporation Name

INSURANCE CLAIMS MANAGEMENT SYSTEMS, INC.

Principal Place of Business

6800 N ANDREWS AVE
SUITE 250
FT LAUDERDALE FL 33309
US

Mailing Address

C/O JOHN INGLE INSURANCE GROUP INC
438 UNIVERSITY AVE. STE 1200
TORONTO ON M5G2K
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1991

4. FEI Number

65-0297215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACMILLAN, ROBERT
%ICMS, INC 6600 N ANDREWS AVE
SUITE 250
FT LAUDERDALE FL 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 DCCE ☐ DELETE
NAME OVERGAARD, STEVEN M.
STREET ADDRESS 438 UNIVERSITY AVENUE STE 1200
CITY-ST-ZIP TORONTO, ONT., CANADA M5G2K

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DPCM ☐ DELETE
NAME MACMILLAN, ROBERT D
STREET ADDRESS 6600 N ANDREWS AVE, STE 250
CITY-ST-ZIP FT LAUDERDALE FL 33309

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DEVC ☐ DELETE
NAME INGLE, JOHN D
STREET ADDRESS 438 UNIVERSITY AVE, STE 1200
CITY-ST-ZIP TORONTO ON M5G2K

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VF ☐ DELETE
NAME DUNCAN, ROBERT B
STREET ADDRESS 438 UNIVERSITY AVE, STE 1200
CITY-ST-ZIP TORONTO ON M5G2K

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

Robert B Duncan **SIGNATURE REQUIRED** **ROBERT B DUNCAN** V.P. FINANCE 5 March 99 (416)340-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)