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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003450 (3)**
1. Corporation Name
AMERICAN SPECIAL RISK MANAGEMENT CORP.

Principal Place of Business Mailing Address
SUITE 333 ONE CHERRY HILL CHERRY HILL NJ 08002 **SUITE 333 ONE CHERRY HILL CHERRY HILL NJ 08002**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **06/30/1994** 3a. Date of Last Report

2. Principal Place of Business 21 **1000 Lenola Road** 2a. Mailing Address 26 **1000 Lenola Road**

4. FEI Number **22-3083123** Applied For Not Applicable

Suite, Apt #, etc. 22 **Suite 203** 27. Suite, Apt #, etc. **Suite 203**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 23 **Maple Shade NJ** 28. City & State **Maple Shade NJ**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip 24 **08052** Country 25 **USA** Zip 29 **08052** Country 30 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature listed is printed name of registered agent and the registered agent. (P.O.) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDOLE, DENNIS A	12 NAME	
STREET ADDRESS	301 PORTSMOUTH ROAD	13 STREET ADDRESS	
CITY, ST, ZIP	CHERRY HILL NJ 08034	14 CITY, ST, ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUSCO, ANTHONY J	22 NAME	
STREET ADDRESS	1004 ROBWill PASS	23 STREET ADDRESS	
CITY, ST, ZIP	CHERRY HILL NJ 08034	24 CITY, ST, ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information included in 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. 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 a newly formed corporation.

SIGNATURE: *Dennis A Sandole* 4/18/95 609-231-9100
SIGNATURE AND TYPED OR PRINTED NAME OF DINING OFFICER OR DIRECTOR