

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90017 034 \*\*\*550.00



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

-PROFIT-  
 CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **F97000003248**

1. Corporation Name  
**NORTH AMERICAN RISK, INC.**



Principal Place of Business Mailing Address  
**8080 N. CENTRAL EXPWY., STE. 1450** **8080 N. CENTRAL EXPWY., STE. 1450**  
**DALLAS TX 75206** **DALLAS TX 75206**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/20/1997**

2. Principal Place of Business 2a. Mailing Address  
**21 8080 N. CENTRAL EXPWY** **26 8080 N. CENTRAL EXPWY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 1510** **27 1510**  
 City & State City & State  
**23 DALLAS, TX** **28 DALLAS, TX**  
 Zip Country Zip Country  
**24 75206** **25 USA** **29 75206** **30 USA**

4. FEI Number Applied For  
**75-2642383** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent  
**F & L CORP.**  
**THE GREENLEAF BUILDING**  
**200 LAURA STREET**  
**JACKSONVILLE FL 32202-3527**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>COOKE, NICHOLAS M</b>
STREET ADDRESS	<b>11 VICTORIA ST., 3RD. FL., VICTORIA HALL</b>
CITY-ST-ZIP	<b>HAMILTON HM 11 BERMUDA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOPEGOOD, DUNCAN</b>
STREET ADDRESS	<b>65 LEADENHALL ST.</b>
CITY-ST-ZIP	<b>LONDON EC 3A 2AD ENGLAND</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JONES, GEORGE</b>
STREET ADDRESS	<b>65 LEADENHALL ST.</b>
CITY-ST-ZIP	<b>LONDON EC 3A 2AD ENGLAND</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHEEHAN, MICHAEL</b>
STREET ADDRESS	<b>VICTORIAL HALL 3RD FL., 11 VICTORIA ST.</b>
CITY-ST-ZIP	<b>HAMILTON HM 11 BERMUDA</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>QUICK, LEN</b>
STREET ADDRESS	<b>8080 N CENTRAL EXPWY., STE. 1450</b>
CITY-ST-ZIP	<b>DALLAS TX 75206</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>EXECUTIVE VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BARBARA L. ADKINS</b>
1.3 STREET ADDRESS	<b>8080 N. CENTRAL EXPWY, SUITE 1510</b>
1.4 CITY-ST-ZIP	<b>DALLAS, TX 75206</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>RUPERT WEYNAND</b>
3.3 STREET ADDRESS	<b>5400 LABS FREEWAY, SUITE 880</b>
3.4 CITY-ST-ZIP	<b>DALLAS, TX 75240</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>PRESIDENT/CHAIRMAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>QUICK, LEN</b>
5.3 STREET ADDRESS	<b>8080 N. CENTRAL EXPWY, SUITE 1510</b>
5.4 CITY-ST-ZIP	<b>DALLAS, TX 75206</b>
6.1 TITLE	<b>SENIOR VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>KAY HOUSTON</b>
6.3 STREET ADDRESS	<b>6311 ATRIUM DRIVE, SUITE 100</b>
6.4 CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: \_\_\_\_\_ Date: **6/30/99** Phone: **214-891-7081**

CR2E034 (5/99)