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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # H03825

(7)

1. Corporation Name INTERISK CORPORATION

Principal Place of Business	Marling Address
1111 N. WESTSHORE BLVD., SUITE 208	1111 N. WESTSHORE BLVD., SUITE 208
TAMPA FL 33607-1711	TAMPA FL 33607-1711



1111 N. WESTSHORE BLVD., SUITE 208 TAMPA FL 33607-1711		1111 N. WESTS Tampa Fl. 3360		SUITE 208				
					3. Date incorporated or Qualified 05/16/1984	3a. Date o	Last Re)7/199	
2. Principal Pla	ice of Business	2a. Mailing Addre	ess		4. FEI Number		\rightarrow	Applied For
21		26			59-2421198			Vot Applicable
Suite, Apt. #	r, etc	Suite Apt. #.	etc.		5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing			🕽 Мау Ве
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	<u>_</u> .	Country	8. This corporation has liability for Florida Statutes 🛣 Yes		under s	199.032,
24 25 29			30	J	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Cu	rrent Hegistered Agent		8 Name	TO, Marie and Addison C. Hatt.			
				-				
	AWTON, III			82 Street Ad	ldress (P.O. Box Number is Not Acceptat	ole)		
	WESTSHORE BLVD, SUITE 2	208		83				
TAMPA F	L 33607-1711						T -	
				84 City		FL	85 Zij	p Code
		1003 1500 51 11	Chut ton k	L L	poration submits this statement for the pu	rryse of char	ina its r	eaistered office
familiar wi	th, and accept the obligations of Stripping typedocumbed have of the section of t	Section 607.0505, Horida	Stardies.	कुंकाओं 8 केंद्र पुरस्कीय के ही	poration scientists this statement for the population of directors. Thereby accept the applications of the population of	2618		
12.		AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	
TIFLE	DP	□ D£L	ETE	1.1700			Change	Add-tion
NAME	SWAN, LAWTON, III			1.2 NAV :				
STREET ADDRESS	1111 N WESTSHORE BLV	208		13 STR ET ADDRESS				
CITY - ST - ZIP	TAMPA FL			14 OFF - ST-ZIP				
TITLE		☐ DEI	ETE.	2 1 III E		[_) Change	☐ Addition
NAME				2 2 NAN E				
STREET ADDRESS				23 STR ET ADDRESS				
CITY - S1 - ZIP				2.4 CIT - ST - 7:P			1 Change	☐ Addition
TITLE		DEI	_ETE	3 1 TIT E			ј спанус	☐ Moderon
NAMÉ				3.2 NAME				
STREET ADDRESS				3.3. STREET ADDRESS				
CITY-ST-ZIP				3 4 C 1 - ST - Z P) Change	Addition
TITLE		□ D€	LEIE	4 1 TIT E				
NAME				4.2 NAME				
STREET ADDRESS				4 3 STETEL ADDRESS				
CHY-ST-ZIP	 	DE	LETE	4.4.0·1·-S1-2iP 5.1.1i'.E		Г	Change	Addition
TITLE		L tr		5.2 NA .1E		_		
NAME				5.3 STEET ADDRESS				
STREET ADDRESS				5 4 CIT (- ST - ZIP				
CITY - ST - ZiP		T] DE	 LE1E	6 1 1) LE		[Change	Addition
TITLE				6.2 NA /AE				
NAME				6.3 ST-EET ADDRESS				
STREET ADDRESS				64 CITY - ST-ZIF				
Crity - ST - ZiP	T .			G " OI 1-01-21"		0.07(0)44 Fts	cala Ctub	ston Unethor

14. I do hereby certify that the information supplied with this filting is voluntarily furnished and close not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental armual 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 12 of Block 12 or Block 12

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)