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FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L21740 (0)
1. Corporation Name
FLORIDA RISK MANAGEMENT INSTITUTE, INC.



Principal Place of Business

Mailing Address

~~13575 58TH ST NORTH
SUITE 7187
CLEARWATER FL 34620
US~~

~~13575 58TH ST NORTH
SUITE 7187
CLEARWATER FL 34620
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1989

4. FEI Number

59-2974374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 3690 East Bay Drive
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

22 City & State
CAR60, FL 33771

27 City & State

23 Zip
33771

28 Zip
33771

24 Country

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WESTON, STUART A.
~~10575 58TH ST NORTH
SUITE 7187
CLEARWATER FL 34620~~

81 Name

82 Street Address (Post Box Number is Not Acceptable)

3690 East Bay Dr. #K

83

84

CAR60

FL

85

33771

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 date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME PD
STREET ADDRESS WESTON, STUART A
CITY-ST-ZIP 1000 CHATHAM COURT
SAFETY HARBOR FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME VSD
STREET ADDRESS WESTON, SANDRA ASH
CITY-ST-ZIP 1000 CHATHAM COURT
SAFETY HARBOR FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 address.

SIGNATURE:

4/16/98

(813) 523-7425
813-523-7425

CR2E034 (10/97)