

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

FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **236543** (5)  
1. Corporation Name  
**ALL RISK MANAGEMENT INSURANCE SERVICES, INC.**



Principal Place of Business  
**2426 E ROBINSON ST  
P.O. BOX 531064  
ORLANDO FL 32853-1064  
US**

Mailing Address  
**2426 E ROBINSON ST  
P.O. BOX 531064  
ORLANDO FL 32853-1064  
US**

3. Date Incorporated or Qualified  
**05/16/1960**

3a. Date of Last Report  
**04/23/1996**

4. FEI Number  
**59-0901351**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

9. Name and Address of Current Registered Agent

**STAHL, LOWELL J  
2426 EAST ROBINSON  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

**81** Name  
**STAHL, JEFFREY G.**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**2426 E. Robinson St**

**83**

**84** City  
**Orlando, FL**

**85** Zip Code  
**32803**

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]*

**01/02/97**

Signatures typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                             |                                            |
|-----------------|-----------------------------|--------------------------------------------|
| TITLE           | <b>S</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>STAHL, SHARON D</b>      |                                            |
| STREET ADDRESS  | <b>1135 LAMAR AVE</b>       |                                            |
| CITY - ST - ZIP | <b>ALTAMONTE SPRINGS FL</b> |                                            |
| TITLE           | <b>PD</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>STAHL, LOWELL J</b>      |                                            |
| STREET ADDRESS  | <b>1135 LAMAR AVE</b>       |                                            |
| CITY - ST - ZIP | <b>ALTAMONTE SPRINGS FL</b> |                                            |
| TITLE           | <b>T</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>STAHL, DENISE</b>        |                                            |
| STREET ADDRESS  | <b>1135 LAMAR AVE</b>       |                                            |
| CITY - ST - ZIP | <b>ALTAMONTE SPRINGS FL</b> |                                            |
| TITLE           | <b>VD</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>STAHL, JEFFERY G</b>     |                                            |
| STREET ADDRESS  | <b>2503 DRIFTWOOD DRIVE</b> |                                            |
| CITY - ST - ZIP | <b>FERN PARK FL</b>         |                                            |
| TITLE           | <b>VP</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>STAHL, SHEILA C.</b>     |                                            |
| STREET ADDRESS  | <b>2503 DRIFTWOOD DRIVE</b> |                                            |
| CITY - ST - ZIP | <b>FERN PARK FL</b>         |                                            |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |                                            |
| STREET ADDRESS  |                             |                                            |
| CITY - ST - ZIP |                             |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP |                                                                              |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | <b>President</b>                                                             |
| 4.3 STREET ADDRESS  | <b>Jeffrey G. Stahl</b>                                                      |
| 4.4 CITY - ST - ZIP | <b>2503 Driftwood Dr<br/>Fern Park, FL 32730</b>                             |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP |                                                                              |

14. I do 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

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STAHL** 01/02/97 (407)894-0447

Date

Daytime Phone

CR2E034 (9/96)