FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **616873** **(6)**

1. Corporation Name

FLORIDA RISK SPECIALISTS,INC.

Principal Place of Business	Mailing Address
200 STATE STREET BOSTON MA 02109 US	70 PINE STREET 27TH FLOOR NEW YORK NY 10270 US

3. Date Incorporated or Qualified: **04/10/1979**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1910246** ☐ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 100 North Tampa St.	26
Suite, Apt. #, etc. 22 Suite 1840	Suite, Apt. #, etc. 27 Attn: E. M. Tuck
City & State 23 Tampa, Florida	City & State 28
Zip / Country 24 33602 25 U.S.A.	Zip / Country 29 30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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, typed or printed name of the registered agent, and title if applicable (NOTE: Registered Agent signature required when filing for status)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TUCK, ELIZABETH M.		1.2 NAME		
STREET ADDRESS	70 PINE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOOLEY, WILLIAM~~M~~		2.2 NAME		
STREET ADDRESS	70 PINE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OWEN, DEAN		3.2 NAME		
STREET ADDRESS	200 STATE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		3.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	4.1 TITLE	Acting President	☐ Change ☑ Addition
NAME	LEO, PATRICK		4.2 NAME	Kevin H. Kelley	
STREET ADDRESS	3030 N.ROCKY PT RD W#507		4.3 STREET ADDRESS	200 State Street	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Boston, MA 02109	
TITLE	VSG	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RIVLIN, RACHEL		5.2 NAME		
STREET ADDRESS	200 STATE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANSELMO, NICHOLAS		6.2 NAME		
STREET ADDRESS	200 STATE STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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: Elizabeth M. Tuck 4-25-96 (212) 770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)