FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUN -1 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703232 (9)

1. Corporation Name
RISK AND INSURANCE MANAGEMENT SOCIETY, FLORIDA CHAPTER, INC. ~~CHAPTER, INC.~~ BROWARD CHAPTER, INC.

Principal Place of Business	Mailing Address
2050 SPECTRUM BLVD. FT. LAUDERDALE FL 33309	2050 SPECTRUM BLVD. FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1961
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-1995593 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1631 NW 5 ST	26 1652 NW 5 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BOCA RATON FL	28 City & State: BOCA RATON FL
24 Zip: 33486 25 Country: I	29 Zip: 33486 30 Country:

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~GELLER, SONDRA~~ ~~2050 SPECTRUM BLVD.~~ ~~FT. LAUDERDALE FL 33309~~	81 Name: CHARLES W. FIX 305 1512746 82 Street Address (P.O. Box Number is Not Acceptable): 1632 NW 5 ST 05/14/95--01033--021 83 *****61.25 *****61.25 84 City: BOCA RATON FL 85 Zip Code: 33486

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: Chas W Fix 4/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☒ Change ☐ Addition
NAME	UNKS, RUTH	12 NAME	UNKS, RUTH	
STREET ADDRESS	4800 W COPANS RD	13 STREET ADDRESS	4800 W COPANS Rd.	
CITY-ST-ZIP	COCONUT CREEK FL	14 CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	T	21 TITLE	T	☒ Change ☐ Addition
NAME	HASHEM, SALLY	22 NAME	HASHEM SALLY.	
STREET ADDRESS	~~110 SE SIXTH STREET~~	23 STREET ADDRESS	2770 NE 57 ST	
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	VP	31 TITLE	P	☒ Change ☐ Addition
NAME	HUYBERS, RICK	32 NAME	HUYBERS, RICK.	
STREET ADDRESS	~~500 W CYPRESS CREEK RD~~	33 STREET ADDRESS	2700 NW 48 STREET	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~	34 CITY-ST-ZIP	POMPANO BEACH, FL 33073	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	FIX, CHARLES	42 NAME	FIX CHARLES	
STREET ADDRESS	PO BOX 1300 N/A	43 STREET ADDRESS	1632 NW 5 ST	
CITY-ST-ZIP	POMPANO BCH FL	44 CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	TORRE, RON	52 NAME	TORRE RON	
STREET ADDRESS	P.O. BRAWER 14250 N/A	53 STREET ADDRESS	P.O. DRAWER 14250	
CITY-ST-ZIP	FT. LAUDERDALE FL	54 CITY-ST-ZIP	FT LAUDERDALE FL.	
TITLE		61 TITLE	VP	☐ Change ☒ Addition
NAME		62 NAME	MIKE MC DONALD	
STREET ADDRESS		63 STREET ADDRESS	2500 N. MILITARY TR	
CITY-ST-ZIP		64 CITY-ST-ZIP	BOCA RATON, FL 33431	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ Chas W Fix CHARLES W FIX 4/20/95 305 786 4635
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0048079