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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
[illegible]
[illegible] 1995 MAY -5 PM 12:26
TALLAHASSEE, FLORIDA

DOCUMENT # **F27887** **(1)**

1. Corporate Name
A ALLRISK INSURANCE, INC.

Principal Office Address
194 NW 113TH WAY
CORAL SPRINGS FL 33071
US

Mailing Address
194 NW 113TH WAY
CORAL SPRINGS FL 33071
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation: 04/01/1981
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 5100 NW 24 WAY
22 Suite Apt. # etc.
23 BOCA RATON, FL
24 33496 25 1

2a. Mailing Address
26 5100 NW 24 WAY
27 Suite Apt. # etc.
28 BOCA RATON, FL
29 33496 30

4. FEI Number: 59-2063813
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. [illegible] Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
MALIS, ELAINE
3581 N FEDERAL HWY
POMPANO EACH FL FL 33064

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 Section [illegible] 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 designation of registered agent. I am familiar with and accept the obligations of Section [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	TD
NAME	MALIS, ELAINE
STREET ADDRESS	3581 N FEDERAL HWY
CITY, ST, ZIP	POMPANO BEACH, FL 00000

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	☑ Change ☐ Addition
NAME	
STREET ADDRESS	5100 NW 24 WAY
CITY, ST, ZIP	BOCA RATON, FL 33496

14. I hereby certify that the information supplied with this filing, and accompanying documents, has been examined by me and is true and correct, to the best of my knowledge, under penalties of perjury pursuant to Section [illegible] Florida Statutes. I further certify that this document is the corporation's annual report or supplemental annual report, filed pursuant to Section [illegible] Florida Statutes, and that no other annual report or supplemental annual report has been filed with respect to the calendar year [illegible] and that no other annual report or supplemental annual report will be filed with respect to the calendar year [illegible].

SIGNATURE: Elaine G Malis ELAINE G MALIS 4-26-95 (407) 989-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0114423 CP