

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**

95 MAY -1 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F94000003450 (3)**  
1. Corporation Name  
**AMERICAN SPECIAL RISK MANAGEMENT CORP.**

Principal Place of Business Mailing Address  
**SUITE 333 ONE CHERRY HILL CHERRY HILL NJ 08002** **SUITE 333 ONE CHERRY HILL CHERRY HILL NJ 08002**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **06/30/1994** 3a. Date of Last Report

2. Principal Place of Business 21 **1000 Lenola Road** 2a. Mailing Address 26 **1000 Lenola Road**

4. FEI Number **22-3083123** Applied For Not Applicable

Suite, Apt #, etc. 22 **Suite 203** 27. Suite, Apt #, etc. **Suite 203**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State 23 **Maple Shade NJ** 28. City & State **Maple Shade NJ**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip 24 **08052** Country 25 **USA** Zip 29 **08052** Country 30 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300**

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 listed is printed name of registered agent and the registered agent. (P.O.) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>SANDOLE, DENNIS A</b>
STREET ADDRESS	<b>301 PORTSMOUTH ROAD</b>
CITY, ST, ZIP	<b>CHERRY HILL NJ 08034</b>
TITLE	<b>V</b>
NAME	<b>FUSCO, ANTHONY J</b>
STREET ADDRESS	<b>1004 ROBWill PASS</b>
CITY, ST, ZIP	<b>CHERRY HILL NJ 08034</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>700001474377</b>
24 CITY, ST, ZIP	<b>-05/03/95--01171--019</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>****200.00 ****200.00</b>
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.02(3)(b), Florida Statutes. I further certify that the information included in 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 a newly formed corporation.

SIGNATURE: *Dennis A Sandole* **4/18/95** **609-231-9100**  
SIGNATURE AND TYPED OR PRINTED NAME OF DINING OFFICER OR DIRECTOR