

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000006689 (3)

1. Corporation Name

ASSOCIATION RISK CONSULTANTS, INC.

Principal Place of Business

515 E. LAS OLAS BLVD.
SUITE 930
FT. LAUDERDALE FL 33301

Mailing Address

515 E. LAS OLAS BLVD.
SUITE 930
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1994

4. FEI Number

65-0524399

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 owes or has paid the current year intangible
Personal Property Tax due June 30.



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

WARD, KATHLEEN A
5350 N.E. 17TH TER.
FT. LAUDERDALE FL 33334

PLEASE DELETE

10. Name and Address of New Registered Agent

81 Name

GRIFFIN, C. RAY

82 Street Address (P.O. Box Number is Not Acceptable)

15 NORTH VICTORIA PARKWAY

83

84 City

FORT LAUDERDALE

FL

85 Zip Code
33301

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

C. RAY GRIFFIN

01/06/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRIFFIN, C. RAY
STREET ADDRESS 15 N VICTORIA PARK ROAD
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

TITLE ST
NAME WARD, KATHLEEN A
STREET ADDRESS 5350 N.E. 17TH TER.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE CHAIRMAN/DIRECTOR
12 NAME GRIFFIN, C. RAY
13 STREET ADDRESS 15 NORTH VICTORIA PARKWAY
14 CITY-ST-ZIP FORT LAUDERDALE, FL 33301

☒ Change ☐ Addition

21 TITLE
22 NAME PRESIDENT/DIRECTOR
23 STREET ADDRESS BENNINGS, JACK
24 CITY-ST-ZIP 530 N.W.107 AVENUE
PLANTATION, FL 33324

☐ Change ☒ Addition

31 TITLE SECRETARY/TREASURER/DIRECTOR
32 NAME KNOPP, LINDA A.
33 STREET ADDRESS 796 TANGLEWOOD CIRCLE
34 CITY-ST-ZIP WESTON, FL 33327

☐ Change ☒ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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:

01/06/98

954/522-5555

CR2E034 (10/97)