

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 15 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003330 (6)
 1. Corporation Name
RISK ENTERPRISE MANAGEMENT LIMITED, INC.



Principal Place of Business 59 MAIDEN LANE NEW YORK NY 10038	Mailing Address 59 MAIDEN LANE NEW YORK NY 10038
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 59 MAIDEN LANE Suite, Apt. #, etc. 22 City & State 23 NEW YORK N.Y. Zip 24 10038 Country 25	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 07/12/1995	3a. Date of Last Report 06/21/1996	4. FEI Number 13-3832689 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
				FL

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHNSON, PETER	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOAK, ROGER M	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HERSHMAN, RICHARD H	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LENKIEWICZ, CYNTHIA J	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENNIE, CAROL	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERMAIN, STEVEN D	
STREET ADDRESS	59 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHNSON PETER	
1.3 STREET ADDRESS	59 MAIDEN LANE	
1.4 CITY-ST-ZIP	NEW YORK NY 10038	
2.1 TITLE	D/PRES./COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KALLAHAN CHARLES	
2.3 STREET ADDRESS	59 MAIDEN LANE	
2.4 CITY-ST-ZIP	NEW YORK NY 10038	
3.1 TITLE	T/EVP/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HERSHMAN RICHARD	
3.3 STREET ADDRESS	59 MAIDEN LANE	
3.4 CITY-ST-ZIP	NEW YORK NY 10038	
4.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CAMPBELL JOSEPH	
4.3 STREET ADDRESS	59 MAIDEN LANE	
4.4 CITY-ST-ZIP	NEW YORK NY 10038	
5.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MOAK ROGER	
5.3 STREET ADDRESS	59 MAIDEN LANE	
5.4 CITY-ST-ZIP	NEW YORK NY 10038	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: _____ **MICHAEL NEFFIS 8-6-97 (212) 530-7497**

CR2E034 (4/97)