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 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F96000002299 (3)

MMI RISK MANAGEMENT RESOURCES, INC.

## FILED Mar 26 1997 8:00am Secretary of State



interpretation of the	of Business	Mailing Address				r hadinda (nin lanta dikit alikit dikit k	***************************************		
540 LAKE COOK ROAD DEERFIELD IL 80015		540 LAKE COOK ROAD DEERFIELD IL 80015-5289							
						3. Date Incorporated or Qualified 05/07/1996	J 3a. Da	ile of Last	Report
. Principal Piac	er of Business	2a. Mailing Address			-	4. FEI Number	7- <del>45-</del> 1		Applied For
]		26				36-3812181			Not Applicab
Suite Apt #.	eta	Surte, Apt. #, etc.				6. Certificate of Status Desired			Additional
		City & State					·-·····		Required
\		28				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
7т. - Zip	Country	Zip	Cou	ntry		8. This corporation has liability for		*****	
	25	29	30			Florida Statutes	☐ Yes 🔻	<b>X</b> No	
, ,	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New I	Registered	Agent	
BORA	ca, sophie			<b>61</b> Na	me				
	SOUTHLAND BLVD., STE 158			<b>82</b> Str	et Addres	s (P.O. Box Number is Not Accept	able)		
ORLAI	NDO FL 32809			83					
				03					
				84 City	y		FL	85 Z	p Code
CONTACTOR									
	partine typical or printed name of region red ap	em seed the if applicable (N	) l'E Registerec	Agent sign	ature required	when reinstating)	DATE		
Sug	OFFICERS AN	D DIRECTORS	13.			when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND		
<u> </u>	OFFICERS AN PD		13.	LE	ature required		ICERS AND	DIRECTO Change	
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The receive certify that the information supplies with this lining boes not quality to the exemption stated in Section 119.07(5)(f), righted Statutes. 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 tegal 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. (847)

Paul M. Orzech

3/20/97

374-2369