

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 29 1998 8:00am  
Secretary of State

DOCUMENT # F97000000681 (3)

1. Corporation Name

AMERICAN RISK CONSULTANTS CORP.

Principal Place of Business

6480 ROCKSIDE WOODS BLVD S #110  
CLEVELAND OH 44131

Mailing Address

6480 ROCKSIDE WOODS BLVD S #110  
CLEVELAND OH 44131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1997

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

4. FEI Number

34-1733739

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☒ DELETE  
NAME NEHLS, W F  
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD S #110  
CITY-ST-ZIP CLEVELAND OH 44131

TITLE D ☐ DELETE  
NAME RAMONAS, W F  
STREET ADDRESS 1 EXECUTIVE DR  
CITY-ST-ZIP FT LEE NJ 07024

TITLE DT ☐ DELETE  
NAME DIMAURO, G  
STREET ADDRESS 1 EXECUTIVE DR  
CITY-ST-ZIP FT LEE NJ 07024

TITLE P ☐ DELETE  
NAME GILES, G H  
STREET ADDRESS 1 EXECUTIVE DR  
CITY-ST-ZIP FT LEE NJ 07024

TITLE V ☐ DELETE  
NAME ARMSTONG, J S  
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD S #110  
CITY-ST-ZIP CLEVELAND OH 44131

TITLE S ☐ DELETE  
NAME BARNHOUSE, D E  
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD S #110  
CITY-ST-ZIP CLEVELAND OH 44131

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DC - Chairman ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Dennis Barnhouse* REQUIRED

CR2E034 (10/97)