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FILED
Apr 28 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 # F97000006183 (4)

1. Corporation Name

NEXT RISK MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1800 GLADES RD., STE 355
BOCA RATON FL 33431

1800 GLADES RD., STE 355
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

65-0748185

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MORRALL, MATTHEW E
2455 EAST SUNRISE BLVD., PHW
FORT LAUDERDALE FL 33304

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

☐ DELETE

TITLE PD
NAME COMISKY JR, WILLIAM F
STREET ADDRESS 20350 COZUMEL COURT
CITY-ST-ZIP BOCA RATON FL

TITLE V
NAME CLARK, DANIEL J
STREET ADDRESS 32863 ARLERFORD DRIVE
CITY-ST-ZIP SOLON OH

TITLE SD
NAME MEYERS, ANNE L
STREET ADDRESS 2085 WINTHROP ROAD
CITY-ST-ZIP SHAKER HEIGHTS OH

TITLE TD
NAME YOUNG, FELECIA P
STREET ADDRESS 22555 CENTER RIDGE RD., #308
CITY-ST-ZIP ROCKY RIVER OH

TITLE CD
NAME CLARK, DANIEL
STREET ADDRESS 32863 ARLERFORD DR
CITY-ST-ZIP SOLON OH

TITLE D
NAME STOUT, CRAIG L
STREET ADDRESS 2085 WINTHROP ROAD
CITY-ST-ZIP SHAKER HEIGHTS OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change ☒ Addition ☐
COMISKEY JR, WILLIAM F.

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:

William F. Comiskey Jr.

4/20/98 511-338-1488

CR2E034 (10/97)