

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90022 007 ***150.00

DOCUMENT # **F97000006183**

1. Corporation Name

NEXT RISK MANAGEMENT, INC.

Principal Place of Business

**1900 GLADES RD., STE 355
BOCA RATON FL 33431**

Mailing Address

**1900 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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

TITLE **PD PRESIDENT** ☐ DELETE

NAME **COMISKEY JR, WILLIAM F**
STREET ADDRESS **20350 COZUMEL COURT**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **V VICE PRESIDENT** ☐ DELETE

NAME **CLARK, DANIEL J**
STREET ADDRESS **32663 ARLERFORD DRIVE**
CITY-ST-ZIP **OLON OH**

TITLE **SD** ☐ DELETE

NAME **MEYERS, ANNE L**
STREET ADDRESS **2985 WINTHROP ROAD**
CITY-ST-ZIP **SHAKER HEIGHTS OH**

TITLE **TD** ☐ DELETE

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

TITLE **CD** ☒ DELETE

NAME **CLARK, DANIEL**
STREET ADDRESS **32663 ARLERFORD DR**
CITY-ST-ZIP **OLON OH**

TITLE **D** ☐ DELETE

NAME **STOUT, CRAIG L**
STREET ADDRESS **2985 WINTHROP ROAD**
CITY-ST-ZIP **SHAKER HEIGHTS OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **ASST. SECRETARY** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **ASST. TREASURER** ☒ Change ☐ Addition

4.2 NAME **YOUNG, FELICIA**
4.3 STREET ADDRESS **10055 SWEET VALLEY DRIVE**
4.4 CITY-ST-ZIP **VALLEY VIEW, OH 44125**

5.1 TITLE **JOCELYN A. BRADFORD** ☐ Change ☒ Addition

5.2 NAME **TREASURER**
5.3 STREET ADDRESS **6480 ROCKSIDE WOODS BLVD. STE 330**
5.4 CITY-ST-ZIP **INDEPENDENCE, OH 44131**

6.1 TITLE **CRAIG L. STOUT** ☒ Change ☐ Addition

6.2 NAME **CHAIRMAN EXECUTIVE VICE PRESIDENT**
6.3 STREET ADDRESS **10055 SWEET VALLEY DRIVE**
6.4 CITY-ST-ZIP **VALLEY VIEW, OH 44125**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99

561-338 0488

Date

Daytime Phone #

CR2E034 (11/98)