

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

DOCUMENT # F98000001941

1. Corporation Name

NORTHEAST RISK MANAGEMENT GROUP, INC.

Principal Place of Business

333 EARLE OVINGTON BLVD. SUITE 706
MITCHEL FIELD NY 11553

Mailing Address

333 EARLE OVINGTON BLVD. SUITE 706
MITCHEL FIELD NY 11553

2. Principal Place of Business

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

LAZARUS, HOWARD
79-13 SONORA ST
BOYNTON BEACH FL 33437

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 first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

[] DELETE

NAME

LUKASZEWICZ, DARLENE

STREET ADDRESS

52 EASTFIELD LANE

CITY-STATE-ZIP

MELVILLE NY 11747

TITLE

V

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NAME

DERRONE, STEPHEN

STREET ADDRESS

55 BRIXTON RD

CITY-STATE-ZIP

GARDEN CITY NY 11530

TITLE

ST

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NAME

MOYSAK, THOMAS

STREET ADDRESS

261 MEREDITH LANE

CITY-STATE-ZIP

W. HEMPSTEAD NY 11552

TITLE

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STREET ADDRESS

CITY-STATE-ZIP

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11 TITLE

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33 STREET ADDRESS

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41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 or changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

DARLENE A. LUKASZEWICZ PDS-2/2/99 516-222-5326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0007011

CR2E034 (11/98)