## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Corporation I	MENT # <b>H711</b> Orate risk service co		,					
cipal Place of Business 1370 S. OCEAN BLVD. STE. 2702 POMPANO BEACH FL 33062		STE. 2702	1370 S. OCEAN BLVD.		3. Date incorporated or Qualified 3a. Date of Last Report			
					08/13/1985	3a. Da	02/01/1	
frincipal Plac	ce of Business	2a. Mailing Address 26			4, FEI Number 58-1650404		h	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Ħ	\$8.75	Additional
Dity & State		City & State			6. Election Campaign Financing		Fee Required \$5.00 May Be	
	I Counts	28	Counts		Trust Fund Contribution		Adde	d to Fees
<b>ν</b> φ 	Country 25	Ζιρ <b>29</b>	Countr 30	y 		es <b>X</b> No		199.032,
	g. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New	registered	a Agent	
PACE, CHARLES J.			82	Street Addr	ess (P.O. Box Number is Not Accept	lable)		
1370 S. OCEAN BLVD. STE. 2702			83					
	NO BEACH FL 33062						las I š	
I ONI AND DENOTITE GOOD			84	I City	FL 85 Zip Code			
Pursuant to or registere familiar with	o the provisions of Sections 607.050 ad agent, or both, in the State of Flo i, and accept the obligations of, Sec	02 and 607,1508, Florida Sta rida. Such change was autho etion 607,0505, Florida Statu	itules, the above orized by the corrites.	named corpor poration's boa	ration submits this statement for the prod of directors. I hereby accept the approximation of the product of th	ourpose of c	hanging its	egistered offi Lagent. Lam
or registere familiar with NATURE	nd agent, or both, in the State of Flo	rida, Such change was autho otion 607.0505, Florida Statu on and trie describe ND DIRECTORS	itutes, the above orized by the contest.  (NOTE: Registered Ag.	poration's boa	rd of directors. I hereby accept the a	ourpose of cl ppointment a	hanging its i as registered ID DIRECTO	PRS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

16/96

305-781-767/ Deytme Phone #