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Jun 09 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 # **J15430** **(8)**

1. Corporation Name
MULTI-RISK, INC.

Principal Place of Business	Mailing Address
12730 NEW BRITTANY BLVD. STE 304 FT. MYERS FL 33907 US	12730 NEW BRITTANY BLVD. STE 304 FT. MYERS FL 33907 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1986

4. FEI Number: 59-2684378 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 13180 Cleveland Ave	26 13180 Cleveland Ave
Suite, Apt. #, etc. 22 Suite 229	Suite, Apt. #, etc. 27 Suite 229
City & State 23 N Ft Myers, FL	City & State 28 N Ft Myers, FL
Zip 24 33903	Zip 29 33903
Country 25 Lee	Country 30 Lee

9. Name and Address of Current Registered Agent

HYDE, ROBERT J.
12730 NEW BRITTANY BLVD.
STE 304
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: Jack Pankow
82 Street Address (P.O. Box Number is Not Acceptable): 13180 Cleveland Ave, Suite 229
83
84 City: N Ft Myers **FL** 85 Zip Code: 33903

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE 6/5/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVS	☒ DELETE	1.1 TITLE	President	☒ Change ☒ Addition
NAME	HYDE, ROBERT J.		1.2 NAME	Jack Pankow	
STREET ADDRESS	12730 NEW BRITTANY BLVD #304		1.3 STREET ADDRESS	13180 Cleveland Ave, Suite 229	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	N Ft Myers, FL 33903	
TITLE	TD	☒ DELETE	2.1 TITLE	vice President	☒ Change ☒ Addition
NAME	HYDE, ROBERT J.		2.2 NAME	Carol Hyde	
STREET ADDRESS	12730 NEW BRITTANY BLVD. #304		2.3 STREET ADDRESS	1901 Clifford St, Unit 1101	
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	Ft Myers, FL 33901	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	200002554282	
STREET ADDRESS			6.3 STREET ADDRESS	-06/10/98--01022--005	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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 Jack Pankow 6/3/98 CEO/Pres