

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 # K15092

1. Corporation Name
UNITED RISK FACILITIES, INC.

Principal Place of Business
**390 N. ORANGE AVE
 #1100
 ORLANDO FL 32801**

Mailing Address
**PO BOX 4961
 ORLANDO FL 32802-961
 US**

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 Country

9. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA,
 390 N ORANGE AVE
 SUITE 1100
 ORLANDO FL 32801**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 84 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, if applicable, date

(NOTE: Registered Agent sign and type name of registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE [] DELETE
 NAME **DPS FARRELL, PETER**
 STREET ADDRESS **394 BOB WHITE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE [] DELETE
 NAME **T FARRELL, PETER**
 STREET ADDRESS **394 BOB WHITE DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13.

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP
 21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP
 31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP
 41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP
 51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP
 61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

FILED

99 MAR 31 PM 1:30



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1988

4. FEI Number

59-2557229

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

10. Name and Address of New Registered Agent

FL 85 Zip Code

500002825395-8
 -03/31/99--01066--001
 ****158.75 ****158.75



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:

Peter Farrell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER FARRELL, PRESIDENT

3-22-99 941-9220511
 Date Duplicate Phone #

0091470

CR2E034 (1/198)