## 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 # M77282** GARISON RISK MANAGEMENT, INC.

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

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	-	Mailing Address			. Aldti Arati albii erati arati tas.
Principal Place	L.	% GARY JAMES YAGER			
TO CART DANIED TAGE!		4278 FOX TRACE		THE TAXABLE IN THE	IC CDACE
4278 FOX TRACE BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436		DO NOT WRITE IN THIS SPACE		S SPACE	
BOTHLOIR DENO	1112 00100			3. Date Incorporated or Qualifed 04/21/1988	, ,
		2a. Mailing Address	·	4. FEI Number	Applied For
2. Principal Pla	ace of Business	<u>⊢</u>		65-0044017	Not Applicable .
21		Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #	t, etc.	<b>⊢</b> ''	* *	5. Certificate of Status Desired	Fee Required
22		City & State	<del>-</del>	6. Election Campaign Financing	\$5.00 May Be
City & State		<u> </u>		Trust Fund Contribution	Added to Fees
23	0-1114-1	<b>Zip</b>	Country	8. This corporation owes the current year	Intangible
Zip .	Country	29 30	,	Personal Property Tax.	∐Yes ∐No
24	9. Name and Address of Current			10. Name and Address of New Registere	d Agent
·	9. Name and Address of Current	r Registered Agent	81 Name		•
YAG	ER, GARY JAMES		20 014 0 dd	ress (P.O. Box Number is Not Acceptable)	
GA54278	FOX TRACE		82 Street Add	ress (F.O. Box remiber to rest receptages)	in the contract with a department.
	NTON BEACH FL 33436		83	医多种性病 化二氢氯氢	
50		•			85 Zip Code
		•	84 City		
m grame taken	2 2 22	0 COZ 1EOR Florido Statutos	the above-named corr	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
11. Pursuant	to the provisions of Sections 607.050.	of Florida. Such change was author	orized by the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
30 Yagent I a	egistered agent, or both, in the State in familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statutes.		
SIGNATURE		WOTE O	intered Appet cionature requir	ed when reinstating) DATE	
0.07	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Reg	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		DELETE	1.1 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change ☐ Addition
TITLE	P CARR CARV I		1.2 NAME		
NAME	YAGER, GARY J		1.3 STREET ADDRESS		
STREET ADDRESS	4278 FOX TRACE		1.4 CITY-ST-ZIP	<u> </u>	
CITY-ST-ZIP	BOYNTON BCH FL	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	VP	- Decenie	2.2 NAME	•	
NAME	YAGER, NANCY S		2.3 STREET ADDRESS		والمصور والمرابي
STREET ADDRESS		<u> بنی سی می در است. با در می می می می می در می </u>	2.4 CITY-ST-ZIP		
CITY-ST-ZIP	-BOYNTON BCH FL	DELETE	3.1 TITLE		☐ Change ☐ Addition
TITLE YAY	ER, OVER SYNEED	الم المردية	3.2 NAME		· 1
NAME 3	Neoffmech (Control		3.2 NAME 3.3 STREET ADDRESS	and the state of t	65.99。 - 网络排除。使
STREET ADDRESS	権の経験があれることでは		i :		位。2011年課題[[[6]
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZIP	25 At 12 + 18 2 4 18 19	Change A ☐ Addition
TITLE		□ beceite	4.2 NAME		
NAME	1			,	
STREET ADDRESS	5		4.3 STREET ADDRESS		
CITY-ST-ZIP	Shirt Comments	☐ DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.1 MILE 5.2 NAME		
NAME					" . · · · · · [
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O TITLE I PODITION	s r		5.3 STREET ADDRESS	in the state of th	"
CITY-ST-ZIP	s .		5.4 CITY-ST-ZIP	it in the state of	☐ Change ☐ Addition
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP	1278 FOLE 11	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE	4278 FOLLER FOLL	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: