FILE NOW: FILING FEE IS \$61.25

FILED NONPROFIT Feb 26 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # N31837 (0)RISK COMMUNICATION & ENVIRONMENTAL INSTITUTE, IN C. Principal Place of Business Mailing Address 5822 N.W. 91 BLVD. 5822 N.W. 91 BLVD. 3. Date Incorporated or Qualified GAINESVILLE FL 32653 GAINESVILLE FL 32606 04/18/1989 4. FEI Number Applied For 59-2<u>95 1554</u> Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PALING, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 5822 NW 91 BLVD. 83 **GAINESVILLE FL 32606** 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE PALING, JOHN NAME 1.2 NAME 5822 NW 91ST BLVD. STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SMALL, PARKER P NAME 2.2 NAME 3454 NW 12 AVE STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE RODENBAUM, WALTER D NAME 3.2 NAME 1521 NW 68 TERRACE STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition O. SUSAN NAME 4 2 NAME 7515 SW 22 AVE STREET ADDRESS 4.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ___ Addition **BORGERT. CHRISTOPHER** NAME 5.2 NAME 238 TURKEY CREEK STREET ADDRESS 5.3 STREET ADDRESS ALACHUA FL CITY-ST-ZIP 5.4 CITY - ST - ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an oddress.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

162 64 1166 13 CIGNATURE.

MLAKAR, CHARLES

MILL RIVER FARM

GATES MILLS OH

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2/20/98

Change

Addition