

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 30 11 8:10

DOCUMENT # **N41787** (5)

1. Corporation Name

ASSOCIATION TO PROPERLY MANAGE RISK, INC.

Principal Place of Business

Mailing Address

6365 TAFT STREET
SUITE 2000
HOLLYWOOD FL 33084

6365 TAFT STREET
SUITE 2000
HOLLYWOOD FL 33084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

01/24/1991

04/20/1994

4. FEI Number

65-0268368

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME EGAN, THOMAS J.
STREET ADDRESS 6119 HABITAT COURT
CITY - ST - ZIP EDINA MN

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE D
NAME DOOLEY, THOMAS J.
STREET ADDRESS 431 S. PATTON AVE.
CITY - ST - ZIP ARLINGTON HTS. IL

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE D
NAME RADIN, MATTHEW
STREET ADDRESS 681 LARKFIELD RD.
CITY - ST - ZIP COMMACK NY

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE D
NAME JONES, MICHAEL F
STREET ADDRESS 6365 TAFT ST
CITY - ST - ZIP HOLLYWOOD FL

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael F. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/95 (305) 983-0350
Date Expiration Period