

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
01/24/1991

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 **400 SAWGRASS CORPORATE PKY**
Suite, Apt. #, etc.

26 **400 SAWGRASS CORPORATE PKY**
Suite, Apt. #, etc.

4. FEI Number
65-0268368

Applied For
Not Applicable

22
City & State
SUNRISE, FLORIDA

27
City & State
SUNRISE, FLORIDA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country
33325

28 Zip Country
33325

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

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 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, THOMAS J.	1.2 NAME	
STREET ADDRESS	6119 HABITAT COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLEY, THOMAS J.	2.2 NAME	
STREET ADDRESS	431 S. PATTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HTS. IL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADIN, MATTHEW	3.2 NAME	
STREET ADDRESS	681 LARKFIELD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COMMACK NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MICHAEL F	4.2 NAME	
STREET ADDRESS	6365 TAFT ST	4.3 STREET ADDRESS	400 SAWGRASS CORPORATE PARKWAY
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33325
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)