FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



14. I do hereby certify that the information supplied with this filing does not qualify for the exeminformation indicated on this annual report or supplemental annual report is true and according to the control of the control of

Lam an officer or director of the corporation or the receiver or trus appears in Block 12 or Block 13 if changed, or on an attachment,

SIGNATURE:

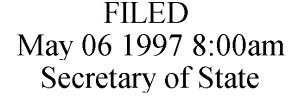
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080031 (6)

ALL RISK INSURANCE AGENCY, INC.



on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and that my signature shall have the same legal effect as if made under oath; that this report as required by Chapter 607, Florida Statutes; and that my name

305 651-4444

Principal Plac	e of Business	Mailing Addres	8				
329 NE 167 ST SUITE 103 NORTH MIAMI BEACH FL 33162 US		329 NE 167 ST SUITE 103 NORTH MIAMI BEACH FL 33162-2304 US		3. Date incorporated or Qualified 3a. Date of Last Report 04/26/1996			
2. Principal Place of Business		2e. Mailing Address 26			<u> </u>	4. FEI Number 65-0449298	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				. 6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 3		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ !4	Country 25	Z(p 29	30	#ntry] No
9. Name and Address of Current Registered Agent				81	Name	10. Name and Address of New Registered A	gent
SEATON, WENDELL 329 NE 167 ST SUITE 103 NORTH MIAMI BEACH FL 33167			82 83	Street Address (P.O. Box Number is Not Acceptable)			
				64	City	CI	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 offset 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 tham familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinslating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE THILE 1.1 TITLE SEATON, WENDELL A NAME 1.2 NAME 7360 N. OAKMONT DR. 1.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33015 CITY- ST ZID 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THILE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CH Y - \$1 - 7 P 2. 4 CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE THE NAME 3.2 NAME STREET A HORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP DELETE 4.1 TITLE DRUE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST ZIP 400002178974^{ano} -05/14/97--01113--019 DELETE 5.1 TITLE DITE NAMe 5.2 NAME 5.3 STREET ADDRESS ***165.00 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST 78 ☐ DELETE 6.1 TITLE Change ___ Addition THE NAMê 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST

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ith an address.