

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90247 015 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000088588

1. Corporation Name
FLORIDA RISK MANAGEMENT SERVICES, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**9315 NE SIXTH AVE
 STE A1
 MIAMI SHORES FL 33138
 US**

Mailing Address
**PO BOX 560593
 MIAMI FL 33256-0593
 US**

3. Date Incorporated or Qualified
12/29/1993

4. FEI Number
52-1854814

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address
9315 NE Sixth Ave.

26 Suite, Apt. #, etc.
A1

27 City & State
MIAMI SHORES, FL

28 Zip Country
33138 USA

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PD GOFF, MARY C | 1.2 NAME | |
| STREET ADDRESS | 9319 WALTHAM WOODS ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BALTIMORE MD | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VP ROSS, JEANNE | 2.2 NAME | |
| STREET ADDRESS | 10600 SW 72ND CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ST HOOK, RICHARD E | 3.2 NAME | |
| STREET ADDRESS | 1 BUSSING CT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LUTHERVILLE MD | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| 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 type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Claire Goff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY CLAIRE GOFF PRESIDENT

3/5/99
 Date

410-296-1500
 Daytime Phone #

CR2E034 (11/98)