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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000024894 (4)

FILED Apr 17 1997 8:00am Secretary of State

1. Corporation Name CITADEL RISK MANAGEMENT CORPORATION Principal Place of Rusiness Mailing Address 898 GLOUCHESTER ST BOCA RATON FL 33487-3212											
								3. Date Incorporated or Qualified 03/27/1995		te of Last F 18/1996	Report
2. Principal Place of Business 21 Suite, Apt. #, etc. 22			2a. Maile	2a. Mailing Address 26			4. FEI Number			pplied For	
							65-0569139			ot Applicable	
			 	Suite, Apt. #, etc.				5. Certificate of Status Desired		· - · -	Additional legulred
City & Stal	te			& Slate				6. Election Campaign Financing			May Be
23			28					Trust Fund Contribution			to Fees
Zip		Country	Zip		Cour	ntry		8. This corporation has liability for			s. 199.032,
24		25	29		30				Yes 🧖		
		and Address of Curre	ent Registered	Agent		81 N	Vame	10. Name and Address of New Re	glatered /	Agent	
	EPFERT, JO				Į.				···		,
	GLOUCHE					82 Street Address (P.O. Box Number		ress (P.O. Box Number is Not Acceptal	ole)		
bot	CA RATON	FL 3340/			f	83					
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					- 1		City		FL	1 1	Code
agent. La	am familiar v	rith, and accept the obli	gations of, Sec	tion 607.0505, F	lorida Statu	ıtes.		ocration submits this statement for the icion's board of directors. I hereby acce	or many		- 10 g .010/00
	Signature, typer	d or patible name of registered a	gent and title if appli	cable (NC	TE: Registered	Agent s	signature requir	red when reinstaling)	DATE		
12.			gent and title if appli ND DIRECTOR	S	13.		signature requir	red when reinstaling) ADDITIONS/CHANGES TO OFFI			
12.	C	OFFICERS A			13.	LE	signature requir			DIRECTO	PRS IN 12
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12. TITLE NAME STREET ADDRESS	C KAMINIS 898 GLC	OFFICERS AF SKI, BERNICE K DUCHESTER ST		S	13. 1.1 TIT 1.2 NA 1.3 STF	LE ME REET ADO	ORESS				
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14. I do 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; changed, or on an attachment with an address.

SIGNATURE:

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