

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000092597 (0)

1. Corporation Name

PREFERRED RISKS OF FLORIDA, INC.



Principal Place of Business

4400 N. FEDERAL HWY., STE. 210-47
BOCA RATON FL 33431

Mailing Address

4400 N. FEDERAL HWY., STE. 210-47
BOCA RATON FL 33431

3. Date Incorporated or Qualified

11/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0622641

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

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

MCRAE, MITCHELL T
2255 GLADES RD., STE. 405, E.
BOCA RATON FL 33431

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's signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CAROL, CAROL L
STREET ADDRESS 3203 BRIDGEWOOD DR.
CITY-ST-ZIP BOCA RATON FL 33434

TITLE PVST ☒ DELETE

NAME CAROL, CAROL L
STREET ADDRESS 3203 BRIDGEWOOD DR.
CITY-ST-ZIP BOCA RATON FL 33434

TITLE D ☐ DELETE

NAME PRINCE, MILTON
STREET ADDRESS 2727 S. OCEAN BLVD.
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President and Director ☐ Change ☒ Addition

1.2 NAME Cohn, Arnold M.
1.3 STREET ADDRESS 1015 Spanish River Road
1.4 CITY-ST-ZIP Boca Raton, FL 33432

2.1 TITLE VST ☐ Change ☐ Addition

2.2 NAME Green, Carol-Lee
2.3 STREET ADDRESS 3203 Bridgewood Dr.
2.4 CITY-ST-ZIP Boca Raton, FL 33434

3.1 TITLE D. ☐ Change ☐ Addition

3.2 NAME Green, Carol-Lee
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

Arnold M. Cohn, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

407-391-0522

CR2E034 (12/95)