

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

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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33431-5187**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/27/1995</b>		3a. Date of Last Report <b>03/18/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0622641</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, ARNOLD M	1.2 NAME	
STREET ADDRESS	1015 SPANISH RIVER ROAD	1.3 STREET ADDRESS	<b>5315 MONTEREY CIRCLE #54</b>
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	<b>DELRAY BEACH, FL 33434</b>
TITLE	VST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CAROL-LEE	2.2 NAME	
STREET ADDRESS	3203 BRIDGEWOOD	2.3 STREET ADDRESS	<b>5315 MONTEREY CIRCLE #54</b>
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	<b>DELRAY BEACH, FL 33434</b>
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CAROL-LEE	3.2 NAME	
STREET ADDRESS	2727 S. OCEAN BLVD.	3.3 STREET ADDRESS	<b>MILTON PRINCE</b>
CITY - ST - ZIP	HIGHLAND BEACH FL	3.4 CITY - ST - ZIP	<b>2727 S. OCEAN BLVD</b>
TITLE		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		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		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Arnold M. Cohn** **ARNOLD M. COHN** 4/29/97 561-391-0522

CR2E034 (9/96)