

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90231 047 ***150.00

DOCUMENT # P95000092597

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

Zip

25

Country

26

30

9. Name and Address of Current Registered Agent

GREEN, CAROL L
4400 N FEDERAL HIGHWAY STE 210
BOCA RATON FL 33431

81 Name ARNOLD M. COHN
82 Street Address (P.O. Box Number is Not Acceptable)
4400 N. FEDERAL HIGHWAY STE 210
83 City BOCA RATON
84 State FL Zip Code 33431

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 4/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, ARNOLD M		1.2 NAME
STREET ADDRESS	5315 MONTERAY CIR #54		1.3 STREET ADDRESS
CITY-ST-ZIP	DELRAY BCH FL		1.4 CITY-ST-ZIP
TITLE	VST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CAROL-LEE		2.2 NAME
STREET ADDRESS	5315 MONTERAY CIR #54		2.3 STREET ADDRESS
CITY-ST-ZIP	DELRAY BCH FL		2.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, MILTON		3.2 NAME
STREET ADDRESS	2727 S. OCEAN BLVD.		3.3 STREET ADDRESS
CITY-ST-ZIP	HIGHLAND BEACH FL		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, or all other like empowered.

SIGNATURE:

SIGNED AND DECLARED
4/19/99 (561) 391-0500

CR2E034 (11/98)