04-29-1998 07:16 3054765840 Jeff Sheppard, CF

FILED
May 27 1998 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000010598

1. Corporation Name
RISK & INSURANCE CONSULTING CORPORATION

Principal Place of Business	Mailing Address
11496 VICTORIA CIRCLE BOYNTON BEACH, FL 33437	11496 VICTORIA CIRCLE BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Street Address
City & State
Zip: 33437 County: PALM BEACH

2a. Mailing Address
Street Address
City & State
Zip: 33437 County: PALM BEACH

3. Date Incorporated or Qualified: 2/2/96

4. FEI Number: 65-0640992 ☐ Applied For ☐ Not Applicable

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

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

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

8. Name and Address of Current Registered Agent
IRVING R. WEINRAUB
11496 VICTORIA CIRCLE
BOYNTON BEACH, FL 33437

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 Section 607.0502 and 607.1509, 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] IRVING R. WEINRAUB 4/28/98
(Signature, fixed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where indicated.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT IRVING R. WEINRAUB 11496 VICTORIA CIRCLE BOYNTON BEACH, FL 33437	☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 TITLE / 6 NAME / 7 STREET ADDRESS / 8 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	9 TITLE / 10 NAME / 11 STREET ADDRESS / 12 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	13 TITLE / 14 NAME / 15 STREET ADDRESS / 16 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	17 TITLE / 18 NAME / 19 STREET ADDRESS / 20 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition

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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.

SIGNATURE: [signature] IRVING R. WEINRAUB 561-736-5993 4/28/98