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

Mailing Address

8101 34TH STREET WEST

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

6101 94TH STREET WEST



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014352 (4)

INVESTMENT RISK MANAGEMENT, INC.

UNIT 18-H DO NOT WRITE IN THIS SPACE BRADENTON FL 34210-3706 BRADENTON FL 34210-3705 3. Date Incorporated or Qualified 02/15/1996 2a. Mailing Address Applied For 2. Principal Place of Business 4. FEI Number 65-0666709 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired \Box Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes or has paid the current year Intangible Zip Country Personal Property Tax due June 30. ☐ Yes 24 26 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KOYEN, BERNARD L 6101 34TH STREET WEST Street Address (P.O. Box Number is Not Acceptable) -UNIT-18-H-**BRADENTON FL 34210** Zip Code City 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. d agent and title if applicable V. PRET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE TITLE 1.1 TITLE KOYEN, CONNIE S 1.2 NAME NAME GIOI 34TH STREET WEST, UNIT 25H 6101 34TH STREET WEST, UNIT 18-H 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34236** 1.4 CITY-ST-ZIP BRADENTUN CITY-ST-ZIP DELETE 2.1 TITLE V, PRESIDENT TITLE NAME 2.2 NAME BERNARD L. KOYEN GIO 34TH STREET WEST, UNIT 25 H STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 3.1 TITLE TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME MAR 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 51 TITLE TIT1 F 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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

6.3 STREET ADDRESS

CIGNATURE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

DELETE

4/29/98

(941)331-4330

Change

Addition

FILED

May 08 1998 8:00am

Secretary of State