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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000087409 (4)

1. Corporation Name
ZENITH RISK MANAGEMENT, INC.



Principal Place of Business
3504 LAKE LYNDA DR STE 400
ORLANDO FL 32817

Mailing Address
3504 LAKE LYNDA DR STE 400
ORLANDO FL 32817-1484

3. Date Incorporated or Qualified 10/21/1996	3a. Date of Last Report
4. FEI Number 59-3408979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
LOVGREN, LORI A
888 SW 3 AVE STE 500
FT LAUDERDALE FL 33335

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
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	HICE, HOWARD
STREET ADDRESS	3504 LAKE LYNDA DR STE 400
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	D <input type="checkbox"/> DELETE
NAME	MARTIN, JOHN G
STREET ADDRESS	3504 LAKE LYNDA DR STE 400
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	D <input type="checkbox"/> DELETE
NAME	MORRICK, RONALD
STREET ADDRESS	3504 LAKE LYNDA DR STE 400
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	D <input type="checkbox"/> DELETE
NAME	MOUW, ARMAND
STREET ADDRESS	3504 LAKE LYNDA DR STE 400
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	D <input type="checkbox"/> DELETE
NAME	OBERHARDT, DORIS M
STREET ADDRESS	3504 LAKE LYNDA DR STE 400
CITY-ST-ZIP	ORLANDO FL 32817
TITLE	D <input type="checkbox"/> DELETE
NAME	SHAFFER, RONALD JR
STREET ADDRESS	3504 LAKE LYNDA DR STE 400
CITY-ST-ZIP	ORLANDO FL 32817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fredricka Taubitz
1.3 STREET ADDRESS	21255 Califa Street
1.4 CITY-ST-ZIP	Woodland Hills, CA 91367
2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tiekner, John J.
2.3 STREET ADDRESS	21255 Califa Street
2.4 CITY-ST-ZIP	Woodland Hills, CA 91367
3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Taubitz, Fredricka
3.3 STREET ADDRESS	21255 Califa Street
3.4 CITY-ST-ZIP	Woodland Hills, CA 91367
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hoppen, David G
4.3 STREET ADDRESS	3504 Lake Lynda Drive, Ste 400
4.4 CITY-ST-ZIP	Orlando, FL 32817
5.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Oberhardt, Doris M
5.3 STREET ADDRESS	3504 Lake Lynda Drive, Ste 400
5.4 CITY-ST-ZIP	Orlando, FL 32817
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ DAY 6. HOPPEN 4/30/97 (407) 280-9144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)