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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P96000087409 (4)

ZENITH RISK MANAGEMENT, INC.

## FILED May 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3504 LAKE LYNDA DR STE 400 3504 LAKE LYNDA DR STE 400 ORLANDO FL 32817 ORLANDO FL 32817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3408979 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOVGREN, LORI A 888 SW 3 AVE STE 500 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33335 83 84 Zip Code City 85 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) Signature, typical or paniest name of registered agent and title if applicable 72E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 1.1701E THILE HICE, HOWARD 1.2 NAME NAME 3504 LAKE LYNDA DR STE 400 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32817 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE ■ Addition TITLE 2.1 TITLE MARTIN, JOHN G 2 2 NAME NAME **\$504 LAKE LYNDA DR STE 400** STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE MORRICK, RONALD NAME 3.2 NAME 3504 LAKE LYNDA DR STE 400 STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE Change Addition TIFLE 4.1 TITLE NAME MOUW, ARMAND 4. 2 NAME STREET ADDRESS 3504 LAKE LYNDA DR STE 400 4.3 STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE **OBERHARDT, DORIS M** NAME 5.2 NAME STREET ADDRESS 3504 LAKE LYNDA DR STE 400 5.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME SHAFER, RONALD JR 6.2 NAME 3504 LAKE LYNDA DR STE 400 STREET ADDRESS 6.3 STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 logal 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 13 if changed, or on an altachment without address.

e/22/11 DEN 020/10/