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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90107 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000046076

1. Corporation Name
RSKMG, INC.

Principal Place of Business
2923 S. FEDERAL HIGHWAY
UNIT 6
BOYNTON BEACH FL 33426

Mailing Address
2923 S. FEDERAL HIGHWAY
UNIT 6
BOYNTON BEACH FL 33426



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

65-0760206

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 159 Marine way

22 City & State

27 Slip 18

23 Zip Country

28 Delray Beach FL

24 25

29 33483 30

9. Name and Address of Current Registered Agent

LOOMIS, SHARON
5041 OAK HILL RD.
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name Gary Horner

82 Street Address (P.O. Box Number is Not Acceptable)

159 Marine way - Slip 18

83

84 City Delray Beach

FL

85 Zip Code 33483

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

2-12-99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME UNGER, ROBERT
STREET ADDRESS 606 N.W. 112TH WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☒ DELETE
NAME LOOMIS, SHARON
STREET ADDRESS 5041 OAK HILL RD.
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D ☐ DELETE
NAME KAMBER, MICHELLE
STREET ADDRESS 9020 CHRYSANTHEMUM DR
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE D ☐ DELETE
NAME HORNER, GARY
STREET ADDRESS 159 MARINE WAY- SLIP 18
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Michelle Kamber Treasurer

Date

2-11-99

Daytime Phone #

561-5550038

CR2E034 (11/98)