

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P98000059514
Corporation Name

RISK MANAGEMENT SAFETY CONSULTANTS, INC.

Principal Place of Business

 0 BISCAYNE BLVD #980
MIAMI FL 33137

Mailing Address

 4770 BISCAYNE BLVD #980
MIAMI FL 33137


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

65-0881818

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.
☐

Yes

☐

No

9. Name and Address of Current Registered Agent

 MALOOF, AL
4770 BISCAYNE BLVD #980
MIAMI FL 33137

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

I, 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 Use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

LE	PTD	☐ DELETE
ME	MAY, BRIAN	
REET ADDRESS	4770 BISCAYNE BLVD #980	
Y-ST-ZIP	MIAMI FL 33137	
LE	VSD	☐ DELETE
ME	MALOOF, ALBERT	
REET ADDRESS	4770 BISCAYNE BLVD #980	
Y-ST-ZIP	MIAMI FL 33137	
LE		☐ DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		☐ DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		☐ DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☒ Change ☐ Addition
1.2 NAME	MAY, BRIAN	
1.3 STREET ADDRESS	261 NAVARRE #301	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
2.1 TITLE	VSD	☒ Change ☐ Addition
2.2 NAME	MALOOF, AL	
2.3 STREET ADDRESS	261 NAVARRE #301	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

 800-330-3340
 (305) 358-7447