

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90195 019 ***150.00

DOCUMENT # P98000075194

1. Corporation Name

AUTOMOBILE RISK MANAGEMENT, INC.

Principal Place of Business

1608 TOWN CENTER BOULEVARD #B
WESTON FL 33326

Mailing Address

1608 TOWN CENTER BOULEVARD #B
WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1998

4. FEI Number

65-0899790

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

RUBINTON, JEFFREY A ESQ.
LUKS, KOLEOS & SANTANIELLO, P.A.
515 E. LAS OLAS BOULEVARD #1050
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name HAAS A. HATIC, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
3400 Nations Bank Tower
83 100 SE 2d ST.
84 City MIAMI FL 85 Zip Code 33131

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 Haas A. Hatic

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR
1.2 NAME WILLIAM J. KELLY
1.3 STREET ADDRESS 1608 TOWN CENTER BLVD, #B
1.4 CITY-ST-ZIP WESTON, FL 33326

Change Addition

2.1 TITLE DIRECTOR
2.2 NAME H. RUSSELL PRESTON
2.3 STREET ADDRESS 1608 TOWN CENTER BLVD, #B
2.4 CITY-ST-ZIP WESTON, FL 33326

Change Addition

3.1 TITLE DIRECTOR
3.2 NAME PATRICK D. CLAWSON
3.3 STREET ADDRESS 1608 TOWN CENTER BLVD, #B
3.4 CITY-ST-ZIP WESTON, FL 33326

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Signature Required
WILLIAM J. KELLY

4/29/99

954.339.6930

Daytime Phone #

CR2E034 (11/98)