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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000075194

AUTOMOBILE RISK MANAGEMENT, INC.

1608 TOWN CENTER BOULEVARD #B WESTON FL 33326		1608 TOWN CENTER BOULEVARD #B WESTON FL 33326		3	DO NOT WEITE IN THE	C CDACE		
					a Data Incor	DO NOT WRITE IN THI porated or Qualifed	3 STACE	•-
					08/25/19			}
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		TIA	pplied For
——¬	lace of Business	26				99790		ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						Additional
22	n, 0.00.	27			5. Certifcate	of Status Desired	Fee R	equired
City & Stat	8	City & State			6 Election Ca	ampaign Financing	\$5.00	May Be
23		28				Contribution		to Fees
Zip	Country	Zip	Count	γ	8. This corpo	ration owes the current year li	ntangible	
24	25	29 3	10			roperty Tax.	☐ Yes	□ No_
<del></del>	9. Name and Address of Curre	nt Registered Agent			10. Name and	Address of New Registered	d Agent	
D: 10	MITTON IFFERENCE A FOO		8	1 Name	HAAS A. HA	tic Eso.		
	INTON, JEFFREY A ESQ.	•	8	2 Street Ad	ddress (P.O. Box Nu	mber is Not Acceptable)		
	S, KOLEOS & SANTANIELLO, P		*	- Gucciii	3400 Natio	ns Bank Tower		
	E. LAS OLAS BOULEVARD #10	50	8	3	100 SE 7	_		
, LOH	IT LAUDERDALE FL 33301		8	4 City	,		85 Zip	Code
)					MIAMI	F		3131
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes	s, the abo	vg-named co	orporation submits the	is statement for the purpose of tors. I hereby accept the applications	of changing its pintment as re	s registered egistered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statute	7 (112 001 por	1	10,0,1,10,000, and opt and opt		
SIGNATURE	Hoss A. HATTC Signature, typed or printed name of registered age	not and title if positionals (NOTE: 8	A Description	san a	Jatur uired when reinstating)	4/28/4 DATE	79	
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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 attackment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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

05-04-1999 90195 019 \*\*\*150.00