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

DOCUMENT # 98000102072

1. Corporation Name PERSONAL RISK MANAGEMENT ASSOCIATES, INC.

Principal Place of Business Mailing Address 1500 Colonial Boulevard SAME

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90001 050 ***150.00



Suite 234									
Fort Myers, FL 33907					DO NOT WRI	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 12/04/1998	3. Date Incorporated or Qualified 12/04/1998			
Principal Place of Business 2a. Mailing Address					4. FEI Number			pplled For	
21		26			65-0881823		I	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	
City & State		27	·- · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired			lequired	
23		City & State			6. Election Campaign Financing		\$5.00	May Be	
Zip Country		[28]	*		Trust Fund Contribution			to Fees	
24	25	h—¬ '	·		8. This corporation owes the curr	-			
2-71	25 29 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax.			X∏No	
		Registered Agent	1 Name	10. Name and Address of New Registered Agent					
Guba, John				Name					
1500 Colonial Boulevard Suite 234				2 Street A	Address (P.O. Box Number is Not Accepta	ible)			
		8	3	- <u> </u>					
101	Myers, FL 33907	•	-		<u> </u>				
			8		\$i	F!	1 1 1	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-named c	corporation submits this statement for the		hanging its	s registered	
agent, I a	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was au	thorized b	y the corpor	corporation submits this statement for the ration's board of directors. I hereby accept	t the appoint	ment as re	egistered	
SIGNATURE			ida Statute	·S.					
- SIGNATORE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Age	end Rinnatura rec	quired when reinstating)	DATÉ	·		
12.	OFFICER'S AND		13.	an organization rate	ADDITIONS/CHANGES TO OFF		DIRECT	3BS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE		1.0011101101011111101011111111111111111		Change	Addition	
NAME	l .		1.2 NAME						
STREET ADDRESS	John Guba			ET ADORESS				ļ	
CITY-S1-ZIP	1500 Colonial Blv						•	- 1	
TITLE	-Ft-Myers; FL 3390	DELETE	1.4 CITY-1 2.1 TITLE	51-210			Channe	Addition	
NAME				ŀ	•••• •		Change	Addition	
STREET ADDRESS			2.2 NAME					1	
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CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
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CITY-ST-ZIP			5.4 CITY-S	T-ZIP]	
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME	•		6.2 NAME					1	
STREET ADDRESS			6.3 STREE	T ADDRESS	• :				
CITY OT THE			1						

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 so address, with all other like empowered.

7: 17 -60

Personal Risk Management Associates

Retirement Planning Specialists

July 12, 1999

...Florida Department of State
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: PERSONAL RISK MANAGEMENT ASSOCIATES, INC.

Dear Sirs,

Please find enclosed our 1999 Corporation Annual Report and Check# for \$ 150.00. To date we never received a mailing of our report from your offices and now are renewing at this time.

Respectfully,

Our New Address: 1500 Colonial Blvd., Suite 234 • Ft. Myers, FL 33907 • 941-277-1095 • Fax 941-277-1060