


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90024 001 ***150.00

UNRECORDED

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005675**

1. Corporation Name
KRM RISK MANAGEMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1851 E. FIRST ST., STE. 1040 SANTA ANA CA 92705	Mailing Address 1851 E. FIRST ST., STE. 1040 SANTA ANA CA 92705
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3. Date Incorporated or Qualified
10/28/1997

2. Principal Place of Business 21 515 N. Cabrillo Park Dr.	2a. Mailing Address 26 515 N. Cabrillo Park Dr.
Suite, Apt. #, etc. 22 Suite 306	Suite, Apt. #, etc. 27 Suite 306
City & State 23 Santa Ana, CA	City & State 28 Santa Ana, CA
Zip 24 92701	Country 25 Orange
Zip 29 92701	Country 30 Orange

4. FEI Number
77-0348362

Applied For
 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

9. Name and Address of Current Registered Agent

**F & L CORP.
 THE GREENLEAF BLDG.
 200 LAURA ST.
 JACKSONVILLE FL 32202-3510**

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	

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 N/A DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	VANBEURDEN, WILLIAM J	
STREET ADDRESS	39906 KINGS RIVER DR.	
CITY-ST-ZIP	KINGSBURG CA 93631	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCINTOSH, ROBERT M	
STREET ADDRESS	1301 BRITTANY CROSS RD.	
CITY-ST-ZIP	SANTA ANA CA 92705	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WIGH, STEVEN C	
STREET ADDRESS	39960 KINGS RIVER DR.	
CITY-ST-ZIP	KINGSBURG CA 93631	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D, S, & R Chief Operating Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wigh, Steven C.
3.3 STREET ADDRESS	39960 Kings River Dr.
3.4 CITY-ST-ZIP	Kingsburg, CA 93631
4.1 TITLE	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chou, John C.
4.3 STREET ADDRESS	314 West Audubon
4.4 CITY-ST-ZIP	Fresno, CA 93711
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Steven C. Wigh Date: **1/11/99** (559) 277-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)