

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Merriam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G54207** (7)

1. Corporation Name
TRUE RISK MANAGEMENT AND INSURANCE CONSULTING, I NC.



Principal Place of Business: **OFFICE 901 BCO.POPULAR BLDG. SAN JUAN, PR. 00901**
Mailing Address: **OFFICE 901 BCO.POPULAR BLDG SAN JUAN, PR. 00901**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **08/15/1983**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **66-0401600** 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 has liability for intangible tax under s. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

**BOOTS, MARY
11507B VALENCIA DR.
SEFFNER FL 33584**

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 607.007 and 607.1500, 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 607.007, Florida Statutes.

SIGNATURE: *Mary Boots* DATE: **4/13/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BONNET, EDNA VAZQUEZ	12 NAME	
STREET ADDRESS	11507 D VALENCIA DR	13 STREET ADDRESS	
CITY-STATE-ZIP	SEFFNER, FL 00000	14 CITY-STATE-ZIP	
TITLE	D	15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTS, MARY	16 NAME	
STREET ADDRESS	11507 VALENCIA DR.	17 STREET ADDRESS	
CITY-STATE-ZIP	SEFFNER FL	18 CITY-STATE-ZIP	
TITLE	D	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCRUGGS, CHARLES H., III	20 NAME	
STREET ADDRESS	4519 DALE AVE.	21 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	22 CITY-STATE-ZIP	
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-STATE-ZIP		26 CITY-STATE-ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-STATE-ZIP		30 CITY-STATE-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute the report as required by Chapters 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: **EDNA VAZQUEZ DE BONNET** *Edna Vazquez de Bonnet* 4-13-96 (787) 723-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)