

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:20

DOCUMENT # **707412** (3)

1. Corporation Name

SUNSHINE CHAPTER OF ELECTRONIC REPRESENTATIVES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

499 STATE RD. 434
SUITE 2151
ALTAMONTE SPGS. FL 32714
US

499 STATE ROAD 434
SUITE 2151
ALTAMONTE SPGS. FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/08/1964

06/23/1994

4. FEI Number

59-6163402

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYTON, KREBS
499 STATE RD. 434
SUITE 2151
ALTAMONTE SPGS. FL 32714

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CONLEY, JONNIE
STREET ADDRESS	1750 W. BROADWAY, STE. 222
CITY - ST - ZIP	OVIDO FL
TITLE	C
NAME	MATHIAS, CHUCK
STREET ADDRESS	400 MAGNOLIA OAK DR.
CITY - ST - ZIP	LONGWOOD FL
TITLE	SD
NAME	JOHNSON, ALLEN J (D)
STREET ADDRESS	4105 COX RD.
CITY - ST - ZIP	LAND O LAKES FL
TITLE	TD
NAME	MYTON, KREBS (D)
STREET ADDRESS	499 STATE RD. 434, STE. 2151
CITY - ST - ZIP	ALTAMONTE SPGS. FL
TITLE	VD
NAME	KOKAISSEL, GARY (D)
STREET ADDRESS	280 PLAZA DR.
CITY - ST - ZIP	OVIDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN OF THE BOARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	} DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	VICE - PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DANIEL WELSH	
6.3 STREET ADDRESS	15445 STAPELTON WAY	
6.4 CITY - ST - ZIP	WELLINGTON, FL. 33414	

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(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Krebs Myton TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95
(Date)

(407) 788-9333
Contact Person