

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 707412 (3)
1. Corporation Name

SUNSHINE CHAPTER OF ELECTRONIC REPRESENTATIVES ASSOCIATION, INC.



Principal Place of Business: 499 STATE RD. 434, SUITE 2151, ALTAMONTE SPGS. FL 32714 US
Mailing Address: 499 STATE ROAD 434, SUITE 2151, ALTAMONTE SPGS. FL 32714 US

3. Date Incorporated or Qualified: 06/08/1964
3a. Date of Last Report: 03/09/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE: COB, NAME: CONLEY, JONNIE, STREET ADDRESS: 1750 W. BROADWAY, STE. 222, CITY-ST-ZIP: OVIEDO FL. DELETE
TITLE: VP, NAME: WELSH, DALTON, STREET ADDRESS: 15445 STAPELTON WAY, CITY-ST-ZIP: WELLINGTON FL. DELETE
TITLE: D, NAME: JOHNSON, ALLEN J, STREET ADDRESS: 4105 COX RD., CITY-ST-ZIP: LAND O LAKES FL. DELETE
TITLE: D, NAME: MYTON, KREBS, STREET ADDRESS: 499 STATE RD. 434, STE. 2151, CITY-ST-ZIP: ALTAMONTE SPGS. FL. DELETE
TITLE: PD, NAME: KOKAISSEL, GARY, STREET ADDRESS: 280 PLAZA DR., CITY-ST-ZIP: OVIEDO FL. DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

1.1 TITLE: Change Addition
1.2 NAME: Change Addition
1.3 STREET ADDRESS: Change Addition
1.4 CITY-ST-ZIP: Change Addition
2.1 TITLE: Change Addition
2.2 NAME: PD DALTON WELSH
2.3 STREET ADDRESS: 15445 STAPELTON WAY
2.4 CITY-ST-ZIP: WELLINGTON, FL. 33444
3.1 TITLE: Change Addition
3.2 NAME: Change Addition
3.3 STREET ADDRESS: Change Addition
3.4 CITY-ST-ZIP: Change Addition
4.1 TITLE: Change Addition
4.2 NAME: Change Addition
4.3 STREET ADDRESS: Change Addition
4.4 CITY-ST-ZIP: Change Addition
5.1 TITLE: Change Addition
5.2 NAME: COB GARY KOKAISSEL
5.3 STREET ADDRESS: 280 PLAZA DR.
5.4 CITY-ST-ZIP: OVIEDO, FL. 32765
6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY-ST-ZIP: Change Addition

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

REQUIRE D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96
Date

(407) 789-9333
Daytime Phone #

CR2E037 (3/96)