


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 14 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1964	3a. Date of Last Report 06/13/1996
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2. Principal Place of Business 21 151 WYMORE RD.	2a. Mailing Address 26 151 WYMORE ROAD
22 STE 150	27 STE 150
23 ALTAMONTE SPRINGS, FL	28 ALTAMONTE SPRINGS, FL
24 32714 25 USA	29 32714 30 USA

4. FEI Number 59-6163402	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 DEON D. HENDRICKSON 82 Street Address (P.O. Box Number is Not Acceptable) 151 WYMORE ROAD 83 STE 150 84 City ALTAMONTE SPRINGS FL 85 Zip Code 32714
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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 Deon D. Hendrickson DATE 7/28/97

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELSH, DALTON		1.2 NAME WELSH, DALTON	
STREET ADDRESS 15445 STAPELTON WAY		1.3 STREET ADDRESS 15445 STAPLETON WAY	
CITY-ST-ZIP WELLINGTON FL		1.4 CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, ALLEN J		2.2 NAME JOHNSON, ALLEN JR	
STREET ADDRESS 4105 COX RD.		2.3 STREET ADDRESS 4105 COX ROAD	
CITY-ST-ZIP LAND O LAKES FL		2.4 CITY-ST-ZIP LAND LAKES, FL 34639	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MYTON, KREBS		3.2 NAME MYTON, KREBS	
STREET ADDRESS 499 STATE RD. 434, STE. 2151		3.3 STREET ADDRESS 499 STATE ROAD 434 STE 2151	
CITY-ST-ZIP ALTAMONTE SPGS. FL		3.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	
TITLE COB	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KOKAISSEL, GARY		4.2 NAME BARRY FABER FABER, BARRY	
STREET ADDRESS 280 PLAZA DR.		4.3 STREET ADDRESS 378 WHOOPIE LOOP, STE 1202	
CITY-ST-ZIP OVEDO FL		4.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MYTON, KREBS		5.2 NAME HENDRICKSON, DEON	
STREET ADDRESS 499 STATE RD. 434, STE. 2151		5.3 STREET ADDRESS 151 WYMORE RD. STE 150	
CITY-ST-ZIP ALTAMONTE SPGS. FL		5.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Deon D. Hendrickson SIGNATURE REQUIRED Deon D. Hendrickson

CR2E037 (4/97)