

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90026 017 ****61.25

0013033

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 707412

1. Corporation Name

SUNSHINE CHAPTER OF ELECTRONIC REPRESENTATIVES ASSOCIATION, INC.

* 1 116634 6 90026 3 7 4 *

Principal Place of Business

151 WYMORE RD
 STE 150
 ALTAMONTE SPGS. FL 32714
 US

Mailing Address

151 WYMORE ROAD
 STE 150
 ALTAMONTE SPGS. FL 32714
 US



2. Principal Place of Business

21 378 Whooping Loop

2a. Mailing Address

26 378 Whooping Loop

3. Date Incorporated or Qualified

06/08/1964

Suite, Apt. #, etc.

22 Suite 1202

Suite, Apt. #, etc.

27 Suite 1202

4. FEI Number

59-6163402

Applied For
 Not Applicable

City & State

23 Altamonte Springs, FL

City & State

28 Altamonte Springs, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 32701

Country

25 US

Zip

29 32701

Country

30 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HENDRICKSON, DEON D
 151 WYMORE ROAD
 STE 150
 ALTAMONTE SPGS. FL 32714

10. Name and Address of New Registered Agent

81 Name Barry Farber
 82 Street Address (P.O. Box Number is Not Acceptable) 378 Whooping Loop
 83 STE 1202
 84 City Altamonte Springs, FL 85 Zip Code 32701

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

Barry Farber Barry Farber Secretary/Treas 1/5/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	WELSH, DALTON	
STREET ADDRESS	15445 STAPELTON WAY	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ALLEN J	
STREET ADDRESS	4105 COX RD.	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MYTON, KREBS	
STREET ADDRESS	499 STATE RD. 434, STE. 2151	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARBER, BARRY	
STREET ADDRESS	378 WHOOPING LOOP, STE 1202	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENDRICKSON, DEON	
STREET ADDRESS	151 WYMORE RD, STE 150	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Johnson, Allen, J	
1.3 STREET ADDRESS	4105 Cox Rd	
1.4 CITY-ST-ZIP	Land O Lakes, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Henrickson, Deon	
2.3 STREET ADDRESS	151 Wymore Rd Ste 150	
2.4 CITY-ST-ZIP	Altamonte Spgs, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Farber, Barry	
3.3 STREET ADDRESS	378 Whooping Loop STE 1202	
3.4 CITY-ST-ZIP	Altamonte Spgs, FL	
4.1 TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Myton, Krebs	
4.3 STREET ADDRESS	499 State Rd. 434 STE 2151	
4.4 CITY-ST-ZIP	Altamonte Spgs, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jack, Francis	
5.3 STREET ADDRESS	30 Bourne Circle	
5.4 CITY-ST-ZIP	Palm Harbor, FL	
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 617, 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:

Barry Farber Barry Farber 1/5/99 (407)260-5255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)