· FICE NOW: FILING FEE AFTER MAY 1 IS \$550.00

COP , ANNI	PROFIT RPORATION JAL REPORT 1997	FLORIDA DESARRA Sandra B. Secretary DIVISION OF CO	Mortham of State	FIL. 97 SEP -2	
DOCUMENT # J44250 (5) THE RISING SUN IV, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business **ERNEGT L: MASCARA: ESQ. 100 000000 0TREET 80UTH: 12TH FLOOR 85 PETERSBURG FL 90701 **THE PLOOP STREET SOUTH: 12TH FLOOR 87 PETERSBURG FL 90701				3. Date Incorporated or Qualified	3a. Date of Last Report
	Place of Business	2a. Mailing Address		11/26/1986 4. FEI Number	07/01/1996 Applied For
E1	<u> </u>			59-2928520	Not Applicable
Suite, Apt.	te, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 St. P	etersburg, Florida Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24 33710	<u> </u>	29 3	− 1 '	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032, Yes No
GLA 877 ST F	SCARA, ERNEST L ESQ. DES BLDG., SUITE 3030 EXECUTIVE CENTER DRIVE WEST PETERSBURG FL 33702	/	83 Su, T 84 City	bg /)	FL 85 Zip Code 3377
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named confined substitution substitution is polar to the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the carporation spound of directors it hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signalure, typed or printed name of registered agent and line if applicable (NOTA registered Agent signalure regulred when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	PTSD DEL BELLO, DALE	L. DE ETE	1.1 TITLE V 1.2 NAME	7000022	
STREET ADDRESS	3600 66TH STREET NORTH		1.3 STREET ADDRESS	-09/03/9	3701056019 8
CITY-ST-ZIP	ST. PETERSBURG FL 33710		1.4 CITY-ST-ZIP	****33)	J. UU ****105.UU C
TITLE		☐ DELE1E	2.1 TITLE		Change L Addition C
NAME Street address			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE ,		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-SY-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME OTOGET ADDRESS			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME)
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-ZIP TITLE		☐ DELETE	5.4 C(TY-ST-Z)P 6.1 TITLE		Change
NAME			6.2 NAME		/ 201
STREET ADDRESS			6.3 STREET ADDRESS		(194)
CITY-ST-ZIP	by certify that the information a malical	with this filing does not qualify	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statute	s. I further coulty that the
informatio	by certify that the information supplied on indicated on this annual report or sup- fficer or director of the corporation or the Block 12 or Block 13 if changed, or a	oplemental annual report is true	e and accurate and that	my signature shall have the same lega rt as required by Chapter 607, Florida S	I effect as if made under oath; that tatutes; and that my name