

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J85964** (1)  
1. Corporation Name  
**SUNSHINE STATE FORECLOSURE CONSULTANTS, INC.**



Principal Place of Business <b>2610 N. CLEVELAND ST TAMPA FL 33609 US</b>	Mailing Address <b>118 SO WESTSHORE BLVD BOX 280 TAMPA FL 33609 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7303 N Nebraska Ave</b> Suite, Apt. #, etc. 22 City & State 23 <b>Tampa FL</b> Zip 24 <b>33604</b> Country 25 <b>U.S.</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified <b>07/31/1987</b> 3a. Date of Last Report <b>05/01/1996</b> 4. FEI Number <b>60-2867262</b> Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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 <b>N/A</b>
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9. Name and Address of Current Registered Agent

**BENNATI, ALVIN A JR.  
2810 CLEVELAND ST.  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	<b>7303 N Nebraska Avenue</b>		<b>Tampa FL</b>	<b>33604</b>

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNATI, ALVIN A. JR.</b>	1.2 NAME	
STREET ADDRESS	<b>2810 N. CLEVELAND ST.</b>	1.3 STREET ADDRESS	<b>7303 N Nebraska Ave</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>Tampa FL 33604</b>
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHRENK, MICHAEL D.</b>	2.2 NAME	
STREET ADDRESS	<b>2810 N. CLEVELAND ST.</b>	2.3 STREET ADDRESS	<b>7303 N Nebraska Ave</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>Tampa FL 33604</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Michael D. Shrenk*

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\*\*\*558.75

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