

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K91286 (0)**

1. Corporation Name  
**RISCORP SERVICES, INC.**



Principal Place of Business <b>1390 MAIN ST. SUITE 400 - SARASOTA FL 34236 US</b>	Mailing Address <b>1390 MAIN ST. SUITE 400 - SARASOTA FL 34236-5687 US</b>
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3. Date Incorporated or Qualified <b>05/22/1989</b>	3a. Date of Last Report <b>04/14/1996</b>
4. FEI Number <b>65-0166503</b>	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BROWN, DARYL  
1819 MAIN STREET  
SUITE 1100  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name  
**L. Norman Vaughan-Birch**

82 Street Address (P.O. Box Number is Not Acceptable)  
**720 S. Orange Ave.**

83

84 City  
**Sarasota**

85 Zip Code  
**FL 34236**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPG</b> <input type="checkbox"/> DELETE
NAME	<b>GRIFFIN, WILLIAM D.</b>
STREET ADDRESS	<b>1390 MAIN ST.</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>DPG</b> <input type="checkbox"/> DELETE
NAME	<b>MALONE, JAMES A</b>
STREET ADDRESS	<b>1390 MAIN ST.</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>DVPT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HAMMEL, EDWARD J.</b>
STREET ADDRESS	<b>1390 MAIN ST.</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>AT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SHEEKEY, BRIAN T.</b>
STREET ADDRESS	<b>1390 MAIN ST.</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MARKS, GREGORY M</b>
STREET ADDRESS	<b>1390 MAIN STREET</b>
CITY - ST - ZIP	<b>SARASOTA FL 34236</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DCEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<b>DPCOO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Halloy, Richard A.</b>
3.3 STREET ADDRESS	<b>1390 Main St</b>
3.4 CITY - ST - ZIP	<b>Sarasota, FL 34236</b>
4.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Merritt, L. Scott</b>
4.3 STREET ADDRESS	<b>1390 Main Street</b>
4.4 CITY - ST - ZIP	<b>Sarasota, FL 34236</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>200002197362</b>
6.3 STREET ADDRESS	<b>-06/02/97--01035--020</b>
6.4 CITY - ST - ZIP	<b>***1815.00</b>

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 needed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JAMES A. MALONE**

CR2E034 (9/96)