

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P94000052676**

Registration Name
RIISING SUN, INC.

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90010 048 ***550.00

613000 - 90010 - 48



Place of Business
19
TER FL 34623

Mailing Address
25817 US 19
CLEARWATER FL 34623
US

DO NOT WRITE IN THIS SPACE

Place of Business	2a. Mailing Address	4. FEI Number 59-3258735	Applied For <input type="checkbox"/> Not Applicable
Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
28. Country	29. Zip 33763	30. Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROTHMAN, MARK A
7211 N DALE MABRY HWY
SUITE 209
TAMPA FL 33614

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

I, the undersigned, being a resident qualified person in the State of Florida, 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 furnished 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
OFFICERS AND DIRECTORS		
D BANDY, JASON D 25817 US 19 CLEARWATER FL <input type="checkbox"/> DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D BANDY, RUSSELL J 25817 US 19 CLEARWATER FL <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	
	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	
	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	
	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
	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	
	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	

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SIGNATURE:

Jason D. Bandy - President 9/1/99 (727) 215-52

CR2E034 (5/99)