

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90053 001 ***150.00

0474073

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000077095

1. Corporation Name
RISCORP ACQUISITION, INC.

Principal Place of Business 1390 MAIN ST. 10TH FLOOR SARASOTA FL 34236	Mailing Address 1390 MAIN ST. 10TH FLOOR SARASOTA FL 34236
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2 N. Tamiami Trail Suite, Apt. #, etc. 22 #608 City & State 23 Sarasota, FL Zip Country 24 34236 25 USA	2a. Mailing Address 26 2 N. Tamiami Trail Suite, Apt. #, etc. 27 #608 City & State 28 Sarasota, FL Zip Country 29 34236 30 USA
---	--

3. Date Incorporated or Qualified 10/20/1994	4. FEI Number 65-0531423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

VAUGHAN-BIRCH, L. NORMAN
720 S. ORANGE AVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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

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	PD <input type="checkbox"/> DELETE
NAME	DAWSON, FREDERICK M
STREET ADDRESS	2 N TAMIAMI TRAIL, STE 608
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	ST <input type="checkbox"/> DELETE
NAME	RIEHMANN, WALTER E
STREET ADDRESS	2 N TAMIAMI TRAIL, STE 608
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	D <input type="checkbox"/> DELETE
NAME	GOODE, SEDDON J
STREET ADDRESS	2 N TAMIAMI TRAIL, STE 608
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	D <input type="checkbox"/> DELETE
NAME	REVELL, WALTER L
STREET ADDRESS	2 N TAMIAMI TRAIL, STE 608
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	D <input type="checkbox"/> DELETE
NAME	GREENE, GEORGE E III
STREET ADDRESS	2 N TAMIAMI TRAIL, STE 608
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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 607, 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 Walter E. Riehemann **WALTER E. RIEHEMANN** 1/21/99 (941)366-5015
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)