

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14 1996 8:00 am
Secretary of State

DOCUMENT # P95000073423 (2)

1. Corporation Name
RISCORP-HS, INC.



Principal Place of Business
**1390 MAIN STREET
SARASOTA FL 34236**

Mailing Address
**1390 MAIN STREET
SARASOTA FL 34236**

3. Date Incorporated or Qualified
09/19/1995

3a. Date of Last Report

4. FEI Number
65-0630492

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 []

Suite, Apt. #, etc.

22 []

City & State

23 []

Zip Country

24 [] 25 []

2a. Mailing Address

26 []

Suite, Apt. #, etc.

27 []

City & State

28 []

Zip Country

29 [] 30 []

9. Name and Address of Current Registered Agent

**MARKS, GREGORY M ESO.
1390 MAIN STREET
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 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/C/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Griffin, William D.
13 STREET ADDRESS	1390 Main Street
14 CITY-ST-ZIP	Sarasota, FL 34236
21 TITLE	D/CEO/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Malone, James A.
23 STREET ADDRESS	1390 Main Street
24 CITY-ST-ZIP	Sarasota, FL 34236
31 TITLE	D/VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Hammel, Edward J.
33 STREET ADDRESS	1390 Main Street
34 CITY-ST-ZIP	Sarasota, FL 34236
41 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Marks, Gregory M.
43 STREET ADDRESS	1390 Main Street
44 CITY-ST-ZIP	Sarasota, FL 34236
51 TITLE	Asst. T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Sheekey, Brian T.
53 STREET ADDRESS	1390 Main Street
54 CITY-ST-ZIP	Sarasota, FL 34236
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or subsequent 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, or a shareholder, partner, 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 of this report or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James A. Malone

(941) 951-2022

CR2E034 (12/95)

94-14-96