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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000073429 (9)

1. Corporation Name

RISCORP REAL ESTATE HOLDINGS, INC.

Principal Place of Business

1390 MAIN STREET
SARASOTA FL 34236

Mailing Address

1390 MAIN STREET
SARASOTA FL 34236-5687



3. Date Incorporated or Qualified
09/19/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

-APPLIED FOR 65-0679855

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

9. Name and Address of Current Registered Agent

MARKS, GREGORY M ESQ.
1390 MAIN STREET
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

FL

85 Zip Code
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

Signature, typed or printed name of registered agent and must be applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PDST~~ ☐ DELETE
NAME MALONE, JAMES A
STREET ADDRESS 1390 MAIN STREET
CITY-STATE-ZIP SARASOTA FL 34236

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE DCEO ☐ Change ☒ Addition
2.2 NAME Griffin, William D.
2.3 STREET ADDRESS 1390 Main St.
2.4 CITY-STATE-ZIP Sarasota, Florida 34236

3.1 TITLE DVP ☐ Change ☒ Addition
3.2 NAME Halloy, Richard A.
3.3 STREET ADDRESS 1390 Main St.
3.4 CITY-STATE-ZIP Sarasota, FL 34236

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Marks, Gregory M.
4.3 STREET ADDRESS 1390 Main Street
4.4 CITY-STATE-ZIP Sarasota, FL 34236

5.1 TITLE T ☐ Change ☒ Addition
5.2 NAME Merritt, L. Scott
5.3 STREET ADDRESS 1390 Main St.
5.4 CITY-STATE-ZIP Sarasota, FL 34236

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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; 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, change shown on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. MALONE

Date

Daytime Phone #

CR2E034 (9/96)