

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

FILED

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
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DOCUMENT # P96000054095 (0)
 1. Corporation Name
SUNRISE REINSURANCE INTERMEDIARIES, INC.



Principal Place of Business 801 N. MAGNOLIA AVENUE #201 ORLANDO FL 32803	Mailing Address 801 N. MAGNOLIA AVENUE #201 ORLANDO FL 32803-3842
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2. Principal Place of Business 21 1180 Spring Center So. Blvd		2a. Mailing Address 26 1180 Spring Center So. Blvd		3. Date Incorporated or Qualified 06/25/1996	3a. Date of Last Report n/a
Suite, Apt. #, etc. 22 Suite 204		Suite, Apt. #, etc. 27 Suite 204		4. FEI Number 59-8887273	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Altamonte Springs, FL		City & State 28 Altamonte Springs, FL		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
Zip 24 32714	Country 25 U.S.A.	Zip 29 32714	Country 30 U.S.A.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ABRAMS, LEHN E 801 N. MAGNOLIA AVENUE #201 ORLANDO FL 32803		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	11 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ABRAMS, LEHN E		12 NAME Paul W. Sprouse, Jr.	
STREET ADDRESS 801 N. MAGNOLIA AVENUE #201		13 STREET ADDRESS 322 Stonecrest Court	
CITY-ST-ZIP ORLANDO FL 32803		14 CITY-ST-ZIP Chesterfield, MO 63017	
TITLE	<input type="checkbox"/> DELETE	21 TITLE D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME John E. Atkins	
STREET ADDRESS		23 STREET ADDRESS 214 Fairway Lane	
CITY-ST-ZIP		24 CITY-ST-ZIP Madison, MS 39110	
TITLE	<input type="checkbox"/> DELETE	31 TITLE D/VP/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME James Grider	
STREET ADDRESS		33 STREET ADDRESS 1009 Creeks Bend Drive	
CITY-ST-ZIP		34 CITY-ST-ZIP Casselberry, FL 32707	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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 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.

SIGNATURE: John E. Atkins VP JOHN E. ATKINS **2-16-97 (401) 865-7995**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)