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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

DOCUMENT # V45689 (9)

1. Corporation Name
RISCORP MANAGEMENT SERVICES, INC.



Principal Place of Business: 1390 MAIN STREET, SUITE 400, SARASOTA FL 34236 US
Mailing Address: 1390 MAIN STREET, SUITE 400, SARASOTA FL 34236-5687 US

3. Date Incorporated or Qualified: 06/24/1992
3a. Date of Last Report: 04/14/1996
4. FEI Number: 65-0343939
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 (21-24) and 2a. Mailing Address (26-29) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

BROWN DARYL
1819 MAIN STREET
SUITE 1100
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.
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 to 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCG	<input type="checkbox"/> DELETE
NAME	Griffin, William D	
STREET ADDRESS	1390 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	MALONE ANTHONY J	
STREET ADDRESS	1390 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVPT	<input checked="" type="checkbox"/> DELETE
NAME	HAMMEL, EDWARD J	
STREET ADDRESS	1390 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REVELL, WALTER L	
STREET ADDRESS	1390 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, GEORGE E III	
STREET ADDRESS	1390 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARKS, GREGORY M	
STREET ADDRESS	1390 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34236	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Merritt, L. Scott	
1.3 STREET ADDRESS	1390 Main Street	
1.4 CITY-ST-ZIP	Sarasota, FL 34236	
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	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Halloy, Richard A.	
3.3 STREET ADDRESS	1390 Main Street	
3.4 CITY-ST-ZIP	Sarasota, FL 34236	
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	300002197363	
6.4 CITY-ST-ZIP	-06/02/97--01035--020	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, 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, checked or not checked as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JAMES A. MALONE

Date: _____ Filing Fee: _____

CR2E034 (9/96)