

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # **V50612 (3)**

1. Corporation Name:
SARASOTA INTERNATIONAL RISK AND INSURANCE SERVICE, INC.



Principal Place of Business: **1390 MAIN ST. SARASOTA FL 34236 US**
Mailing Address: **1390 MAIN ST. SARASOTA FL 34236 US**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Subst., Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
07/14/1992	05/01/1995
4. FEI Number: 65-0343945	Applied For Not Applicable
-65-0134192	\$8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
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

BROWN, DARYL J
1819 MAIN STREET
SUITE 1100
SARASOTA FL 34236

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 609.02 and 609.1506 Florida Statutes, I, the undersigned, hereby certify that the information furnished herein is true and correct 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 609.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	TITLE	S	GRIFFIN WILLIAM D	<input type="checkbox"/> DELETE
12.2	NAME		1390 MAIN ST.	
12.3	STREET ADDRESS		SARASOTA FL	
12.4	CITY-STATE-ZIP			
12.5	TITLE	P	MALONE, JAMES A	<input type="checkbox"/> DELETE
12.6	NAME		1390 MAIN ST.	
12.7	STREET ADDRESS		SARASOTA FL	
12.8	CITY-STATE-ZIP			
12.9	TITLE	T	HAMMEL, EDWARD	<input type="checkbox"/> DELETE
12.10	NAME		1390 MAIN STREET	
12.11	STREET ADDRESS		SARASOTA FL	
12.12	CITY-STATE-ZIP			
12.13	TITLE			<input type="checkbox"/> DELETE
12.14	NAME			
12.15	STREET ADDRESS			
12.16	CITY-STATE-ZIP			
12.17	TITLE			<input type="checkbox"/> DELETE
12.18	NAME			
12.19	STREET ADDRESS			
12.20	CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	D/C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME		
13.3	STREET ADDRESS		
13.4	CITY-STATE-ZIP	D/P/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	TITLE		
13.6	NAME	D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	STREET ADDRESS		
13.8	CITY-STATE-ZIP		
13.9	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.10	NAME	Marks, Gregory M.	
13.11	STREET ADDRESS	1390 Main Street	
13.12	CITY-STATE-ZIP	Sarasota, FL 34236	
13.13	TITLE	Asst. T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.14	NAME	Sheekey, Brian T.	
13.15	STREET ADDRESS	1390 Main Street	
13.16	CITY-STATE-ZIP	Sarasota, FL 34236	
13.17	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	NAME		
13.19	STREET ADDRESS		
13.20	CITY-STATE-ZIP		

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James A. Malone

(941) 951-2022

CR2E034 (12/95)