

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717547 (4)

1. Corporation Name

THE SUNCOAST CRUISE CLUB, INC.



Principal Place of Business	Mailing Address
114 11TH AVE. ST. PETE BCH FL 33706 US	PO BOX 46456 ST PETERSBURG BEACH FL 33741-6456 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 E. CHANDLER		11/12/1969	04/03/1996
22 City & State		27 101 E. KENNEDY BLVD		4. FEI Number	Applied For
23 Zip		28 SUITE 1500		23-7173453	Not Applicable
24 Country		29 TAMPA, FL		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30 33602		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		31 U.S.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VALDES, FRANK J. 114 11TH AVE. ST. PETERSBURG BCH. FL 33706		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 617.0502 and 617.1508, 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 617.0503, 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	1.1 TITLE	☒ Change ☐ Addition
NAME	DUFFIN, MICHAEL	1.2 NAME	
STREET ADDRESS	24 ISLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BROADWAY, RONALD	2.2 NAME	
STREET ADDRESS	8006 12 AVE SO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	LEON, RAYMOND	3.2 NAME	
STREET ADDRESS	4339 HONEY VISTA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	VALDES, FRANK	4.2 NAME	
STREET ADDRESS	114 11TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, HOWARD	5.2 NAME	
STREET ADDRESS	11145 7TH ST. E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☒ Change ☐ Addition
NAME		6.2 NAME	EVERETT C. CHANDLER, JR.
STREET ADDRESS		6.3 STREET ADDRESS	22547 S. SHORE DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAND O' LAKES, FL 34639

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EVERETT C. CHANDLER, JR. 4-21-97

CR2E037 (9/96)