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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G20785

(3)

FLORIDA SUNCOAST INVESTMENT, INC.

**FILED** Apr 30 1997 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address								
15975 BRIARCL		15975 BRIARCLIFF LANE								
FT MYERS FL	33912-1226	FT MYERS FL 33912-4225	j							
						3. Date Incorporated or Qualified 01/27/1983	3a. Date 05/01		Report	
'	lace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21		26				<b>59-2275263</b> Not Ap			ot Applicable	
Suite, Apt.	•	Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired See Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees				
City & State	8									
Zip	Country	Zip	Coi	untry	· <del>-</del>	8. This corporation has liability for in	tangible ta:			
24	25	29	30			Florida Statutes	Yes X	No	,	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	istered Ag	ent	• • • • • • • • • • • • • • • • • • • •	
RUB	IN, HEINZ			81	Name					
1597	'5 BRIARCLIFF LANE					ddress (P.O. Box Number is Not Acceptable)				
	T MYERS FL 33912-1226					iodicas (ia. dox indiffice is not acceptable)				
				83						
				84	City		<b>-</b>	B5 Zip	Code	
44.5				$oxed{oxed}$		poration submits this statement for the pu	FL			
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida Such change was	authorize	d by	the corpora-	tion's board of directors. I hereby accep	the appoir	tment as	registered	
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if area exhibit. (NC)	11 : Ωcristore	od Aper	n) pional un parci	red when reinstaling)	DATE			
12.	OFFICERS AN		13.		a signature reger	ADDITIONS/CHANGES TO OFFIC		IBECTO	RS IN 12	
TITLE	PD	DELETE	1.1 7		Т	7,55,110,10,0111111020 10 01110		Change	Addition	
NAME	RUBIN, HEINZ		1.2 N	IAME				_	_	
STREET ADDRESS	15975 BRIARCLIFF LN SE		1.3 S	aree i	ADDRESS					
CITY-ST-ZIP	FT MYERS, FL 00000			HY-SI						
TITLE	SID	DECETE	21 T			, , , , , , , , , , , , , , , , , , , ,		Change	Addition	
NAME	RUBIN, BRITA		2.2 N	IAME				_		
STREET ADDRESS	15975 BRIARCLIFF LN SE		2.3 S	IREET A	ADDRESS					
CITY-ST-ZIP	FT MYERS, FL 00000			DITY-S						
TIYLE		☐ DELETE	3.1 7					Change	Addition	
NAME			3.2 N	IAME						
STREET ADDRESS			3.3 S	TREET	ADDRESS					
CITY-ST-ZIP			3.4. (	CITY - S	T - ZIP					
TITLE		DELFTE	4.1 T	ITLE				Change	Addition	
NAME			4.21	NAME						
STREET ADDRESS			4.3 S	iree L	ADDRESS					
CITY-ST-ZIP			4.4 0	ITY-ST	T- ZIP					
TITLE		☐ DELETE	5.1 7				L	Change	Addition	
NAME			5.2 N	IAME						
STREET ADDRESS			5.3 S	IREET (	ADDRESS					
CITY-ST-ZIP			5.4 0	ny-si	1- ZIP					
TITLE		☐ DELFTE	61T				L	Change	Addition	
NAME			62 N	IAME				-		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				HY-ST						

14. I do hereby certify that the information supplied with this filling 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 offect 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.