FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N35688

SUNCOAST CLASSIC JAZZ, INC.

Principal Place of Business
PO BOX 1945
PO BOX 1945 LARGO PC 33778-1945

Mailing Address

PO BOX 1945 LARGO FL 33779-1945

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90011 045 ****61.25





□ () / ∞	Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed			
21 7.0					12/15/1989 4. FEI Number Applied For			
Suite, Apt. #, etc.					4. FEI Number	 		
2 Largo Florida 27					59-2986002		pplicable	
City & Stat	79-1945 City & State				5. Certificate of Status Desired			
Zip	Country S A	Zip 30	Country		6. Election Campaign Financing Trust Fund Contribution S.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
LANDMAN, ROBERT G				Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
3192 WINDMOOR DR								
PALM HARBOR FL 34685								
				84 City FL 85 Zip Code				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above and a corporation submite 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.								
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statistics.								
SIGNATURE		m Chairman	110	LUVC)	Meen	Du 8 199	<u>7</u> 1	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:		t signature require	ADDITIONS/CHANGES TO OFFICE	EDS AND DIDECTORS	IN 12	
12.	OFFICERS AND	DELETE	13.	- 1	ADDITIONS/CHANGES TO OFFIC		Addition	
TITLE	D	DETEIL	1.1 TITLE	<u> </u>		L_J change		
NAME	LANDMAN, ROBERT G		1.2 NAME				Ì	
STREET ADDRESS	3141 HARVEST MOON DRIVE		1.3 STREET	1			}	
CITY-ST-ZIP	PALM HARBOR FL			-ZIP		☐ Change	Addition	
TITLE	D DELETE		2.1 TITLE			□ cuanãe l		
NAME	KELLY, LEO		2.2 NAME				- 4	
STREET ADDRESS	10265 ULMERTON RD		2.3 STREET	ADDRESS				
CITY-ST-ZIP				T-ZIP		5 0	- A	
TITLE	D	☐ DELETE 3.1		l	and the second of the second	Change[Addition	
NAME	PATTERSON, BEVERLY		3.2 NAME				1	
STREET ADDRESS	572 WOODLAND DR		3.3 STREET	ADDRESS				
CITY-ST-ZIP	LARGO FL 33771		3.4. CITY-S	T-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			Change [Addition	
NAME	KELLY, MAXINE		4. 2 NAME					
STREET ADDRESS	10265 ULMERTON RD.		4.3 STREET	ADDRESS				
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST	r-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE			Change [Addition	
NAME	LOPER, ROY		5.2 NAME					
STREET ADDRESS	12300 VONN RD.		5.3 STREET					
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change [Addition	
NAME			6.2 NAME	ļ				
STREET ADDRESS			6.3 STREET	ADDRESS]	
CITY-ST-ZIP			6.4 CITY-ST					
14 Lhoroby	actify that the information cumplied with	this filing does not qualify for th	ne evemnti	on stated in S	Section 119 07(3)(i) Florida Statutes, I fu	rther certify that the infor	mation	

melow certary discurre information supplied with this litting does not quarry for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied ental 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 of the receiver or trusted 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 or an adaptment with a production with all other like empowered.

SIGNATURE: