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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000269 (8)
 1. Corporation Name
SUNCOAST REGIONAL SCHOOL-TO-WORK CONSORTIUM, INC



Principal Place of Business 1803 NORTHGATE BLVD. SATASOTA FL 34234	Mailing Address 1803 NORTHGATE BLVD. SATASOTA FL 34234
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3. Date Incorporated or Qualified 01/17/1996	
4. FEI Number 65-0690833	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1844 17th Street Suite, Apt. #, etc.	2a. Mailing Address 26 1844 17th Street Suite, Apt. #, etc.
23 City & State Sarasota, FL. 34234	28 City & State Sarasota, FL 34234
24 Zip 34234	25 Country USA
29 Zip 34234	30 Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
NAJMY, JOSEPH L
1205 MANATEE AVENUE W.
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name Tony Newton
82 Street Address (P.O. Box Number is Not Acceptable) 1844 17th Street
83
84 City Sarasota
85 Zip Code FL 34234

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	
TITLE MD	<input type="checkbox"/> DELETE
NAME KRESS, MARY HELEN	
STREET ADDRESS 1003 8 AVE W	
CITY-ST-ZIP BRADENTON FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME STACEY, SHIRLEY	
STREET ADDRESS 1980 LANDINGS BLVD	
CITY-ST-ZIP SARASOTA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME PARIS, DEANNA	
STREET ADDRESS 215 MANATEE AVE W	
CITY-ST-ZIP BRADENTON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BARBER, JUNE	
STREET ADDRESS 5406 26 ST W	
CITY-ST-ZIP BRADENTON FL	
TITLE MD	<input checked="" type="checkbox"/> DELETE
NAME CURRY, NANCY	
STREET ADDRESS 1929 NORTHGATE BLVD	
CITY-ST-ZIP SARASOTA FL	
TITLE C	<input checked="" type="checkbox"/> DELETE
NAME BURDETT, DONNA	
STREET ADDRESS 3000 69 ST E	
CITY-ST-ZIP PALMETTO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Deborrah Metheny	
2.3 STREET ADDRESS 1960 Landings Blvd	
2.4 CITY-ST-ZIP Sarasota, FL. 34239	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Dr. John Rosen	
4.3 STREET ADDRESS 5840 26th Street West	
4.4 CITY-ST-ZIP Bradenton, FL 34207	
5.1 TITLE MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Tony Newton	
5.3 STREET ADDRESS 1844 17th Street	
5.4 CITY-ST-ZIP Sarasota, FL 34234	
6.1 TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Ellen Chmaj	
6.3 STREET ADDRESS 257 Tamiami Trail N.	
6.4 CITY-ST-ZIP Venice, FL. 34285	

14. I 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 _____ DATE **2-3-98**

CR2E037 (10/97)