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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000002749

1. Corporation Name

SUNCOAST TECHNOLOGY ALLIANCE, INC.

Principal Place of Business

1819 MAIN STREET #240
 SARASOTA FL 34236

Mailing Address

1819 MAIN STREET #240
 SARASOTA FL 34236



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/13/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0858641	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MIDDLEBROOKS, J H WILLIAMS, PARKER, HARRISON, ET. AL. 200 SOUTH ORANGE AVENUE SARASOTA FL 34236				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRASS, KARL			1.2 NAME			
STREET ADDRESS	2805 FRUITVILLE ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34237			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENFIELD, GORDON			2.2 NAME			
STREET ADDRESS	6432 PARKLAND DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARSHBARGER, AL			3.2 NAME			
STREET ADDRESS	POST OFFICE BOX 110			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33601-0110			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMBERT, DIANE			4.2 NAME			
STREET ADDRESS	POST OFFICE BOX 321			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34206			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKINNEY, BARBARA			5.2 NAME			
STREET ADDRESS	1749 INDEPENDENCE BLVD. #C-5			5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34234			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAMBERRINO, FRANK			6.2 NAME			
STREET ADDRESS	1819 MAIN STREET #240			6.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: SIGNATURE OF REGISTERED AGENT DATE: 2/1/99 (941) 955-2508

CR2E037 (1/98)