

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099702 (8)
1. Corporation Name
SUN COAST ELECTRIC AND NETWORKING, INC.



Principal Place of Business Mailing Address
2654 CLARA KEE BOULEVARD (2) TALLAHASSEE FL 32303
2654 CLARA KEE BOULEVARD TALLAHASSEE FL 32303-7166

3. Date Incorporated or Qualified 12/10/1996
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 2927 Byington Cir. 26 2927 Byington Cir.
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59 3419079
Applied For Not Applicable

22 City & State 27 City & State
Tallahassee FL Leon

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 24 32303 25 LEON 28 32303 30 LEON

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

29 32303 30 LEON

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

LEE, MICHAEL T
2854 CLARA KEE BOULEVARD
TALLAHASSEE FL 32303

81 Name Michael T Lee
82 Street Address (P.O. Box Number is Not Acceptable) 2927 Byington Cir.
83
84 City Tallahassee FL 85 Zip Code 32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [Signature] (NOTE: Registered Agent's signature required when reinstating)

DATE 4-20-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | LEE, MICHAEL T | |
| STREET ADDRESS | 2854 CLARA KEE BOULEVARD | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4-20-97 904-570-6630;

CR2E034 (9/96)