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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P96000025607 (8)

SUN COAST HEMP COMPANY, INC.

Principal Place of Business 13073 N.W. 11 COURT

Mailing Address

## **FILED** Jan 15 1998 8:00am Secretary of State



13073 N.W. 11 COURT SUNRISE FL 33323 SUNRISE FL 33323 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For PO BOX 551376 59-3391866 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be FT. LAUDERDAUE 28 Trust Fund Contribution Added to Fees 23 Ζip Country Country 8. This corporation owes or has paid the current year Intangible Yes 30 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DOMINGUEZ, JORGE 13073 N.W. 11 COURT Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33323 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Striutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bent, 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment and accept the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment and accept the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered agent. I am familiar with a subject to the appointment as registered SIGNATURE Signature, typed or printed na gistered Agent signature required when reinstating) OFFICERS AND DIRECTORS IN 12 12, 13. ADDITIONS/CHANGE 1.1 TITLE Change \_\_\_ Addition TITLE DOMINGUEZ, JORGE 1.2 NAME NAME 13073 N.W. 11 COURT 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE TITLE 2.1 TITLE DOMINGUEZ, MARY A 20MINGUEZ 2.2 NAME 13073 N.W. 11 COURT 2.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33323 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed,

SIGNATURE: