

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 200081 (8)

1. Corporation Name

SUNCOAST TOWERS, INCORPORATED



Principal Place of Business

Mailing Address

841 FORTH AVE N.
ST. PETERSBURG FL 33701

P. O. BOX 17671
CLEARWATER FL 34622-0671
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWAN, JAMES J.
143 FIRST AVE S
ST PETERSBURG FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 (hand or printed name) of registered agent and the corporation

Name (Print) of New Agent's prior registered office (if any)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOUPL, LEOPOLD	
STREET ADDRESS	841 4TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARON, ROBERT	
STREET ADDRESS	841 4TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CARON, PAULINE	
STREET ADDRESS	841 4TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PEPIN, ROSAIRE	
STREET ADDRESS	841 4TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLAIR, LUCILLE T.	
STREET ADDRESS	841 4TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEOPOLD	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	MLD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GUY BROUSSEAU	
6.3 STREET ADDRESS	841 - 4TH AVE. N.	
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33701	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Leopold Goupil* / Leopold Goupil 4/15/96 (813) 823-3246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (12/95)