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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 200081

1. Corporation Name
SUNCOAST TOWERS, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 841 FORTH AVE N, ST. PETERSBURG FL 33701
 Mailing Address: 146 2 ST N, 103, ST PETERSBURG FL 33701, US

3. Date incorporated or Qualified: 02/19/1957
 4. FEI Number: 59-0799396
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANG, NICHOLAS F
 520 4 ST N
 200
 ST PETERSBURG FL 33701

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 607.1508, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SYVANEN, PAT	
STREET ADDRESS	841 4TH AVE N	
CITY-ST-ZIP	ST PETE FL 33701	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SENECHAL, ROMUALD	
STREET ADDRESS	841 4 AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL-00000-33701	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, JOSEPH	
STREET ADDRESS	841 4TH AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL-00000-33701	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROSAIRE, BIRON	
STREET ADDRESS	841 4 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Syvanen, Bob	
1.3 STREET ADDRESS	841 4th Ave. N	
1.4 CITY-ST-ZIP	ST. PETE, FL 33701	
2.1 TITLE	Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Powers, Brian	
2.3 STREET ADDRESS	841 4th Ave. N	
2.4 CITY-ST-ZIP	ST. PETE, FL 33701	
3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VACHON LEONARD	
3.3 STREET ADDRESS	841 4th Ave N	
3.4 CITY-ST-ZIP	ST PETE FL 33701	
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Senchal* 24 April 1999 514-453-8371
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)