

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

FILED

**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 349383 (0)
 1. Corporation Name
SUNCOAST GENERATOR AND STARTER SERVICE, INC



Principal Place of Business 200 16TH ST. NO. ST. PETERSBURG FL 33705	Mailing Address 200 16TH ST. NO. ST. PETERSBURG FL 33705-2020
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1969	3a. Date of Last Report 04/05/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1267730		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent EGGERT, JAMES E. 200 16TH AVE. N. ST PETERSBURG FL				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 *Linda M Egger* *TRES* *Linda M Egger Tres* *4-1-97*
Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EGGERT, JAMES E		1.2 NAME	
STREET ADDRESS CAUSEWAY VILLAGE 410 1375 PASADENA AV S		1.3 STREET ADDRESS	
CITY- ST- ZIP PASADENA FL		1.4 CITY- ST- ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EGGERT, LINDA M		2.2 NAME	
STREET ADDRESS CAUSEWAY VILLAGE 1375 PASADENA AV S 410		2.3 STREET ADDRESS	
CITY- ST- ZIP S PASADENA FL		2.4 CITY- ST- ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EGGERT, JERRY K		3.2 NAME	
STREET ADDRESS 4823 49TH AVE. N.		3.3 STREET ADDRESS	
CITY- ST- ZIP ST PETERSBURG FL		3.4 CITY- ST- ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIPCHANSINGH, HARRY		4.2 NAME	
STREET ADDRESS 2864 56 LANE N		4.3 STREET ADDRESS	
CITY- ST- ZIP ST PETE FL		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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)(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

SIGNATURE: *Linda M Egger* *TRES* *Linda M Egger* *4-1-97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)