

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90102 011 ***150.00

DOCUMENT # 419306

1. Corporation Name

SUNCOAST FRANCHISING CORPORATION

Principal Place of Business

C/O IRVIN R. SMUK
409 WINDWARD PASSAGE
CLEARWATER FL 33767
US

Mailing Address

C/O IRVIN R. SMUK
409 WINDWARD PASSAGE
CLEARWATER FL 33767
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1973

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 55 ROGERS ST.

Suite, Apt. #, etc.

22 # 502

City & State

23 CLEARWATER, FL

Zip 33756

Country

24 5280 25 U.S.A.

2a. Mailing Address

26 55 ROGERS ST

Suite, Apt. #, etc.

27 # 502

City & State

28 CLEARWATER, FL

Zip 33756

Country

29 5280 30 U.S.A.

9. Name and Address of Current Registered Agent

SMUK, IRVIN R.
409 WINDWARD PASSAGE
CLEARWATER FL 33767

10. Name and Address of New Registered Agent

81 Name

SMUK, IRVIN R

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

55 ROGERS ST

83

502

84

City CLEARWATER

FL

85 Zip Code

33756

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 PD ☐ DELETE

NAME SMUK, IRVIN R
STREET ADDRESS 409 WINDWARD PASS
CITY-ST-ZIP CLEARWATER FL 33767

TITLE CD ☐ DELETE

NAME GIBLIN, CARL J
STREET ADDRESS 322 OVERLOOK BROOK CT.
CITY-ST-ZIP CHAGRIN FALLS OH 44022

TITLE S ☐ DELETE

NAME GIBLIN, MARCEDES S.
STREET ADDRESS 322 OVERLOOK BROOK CT.
CITY-ST-ZIP CHAGRIN FALLS OH 44022

TITLE T ☐ DELETE

NAME SMUK, AMELIA M.
STREET ADDRESS 409 WINDWARD PASSAGE
CITY-ST-ZIP CLEARWATER FL 33767

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 55 ROGERS ST APT 502
14 CITY-ST-ZIP CLEARWATER, FL 33756-5280

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS 55 ROGERS ST APT 502
44 CITY-ST-ZIP CLEARWATER, FL 33756-5280

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irvin R Smuk
IRVIN R. SMUK

MARCH 11, 1999

Date

727-446-3337

Daytime Phone #

CR2E034 (11/98)