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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 450417 (1)
1. Corporation Name
SUNCOAST REALTY MANAGEMENT COMPANY, INC.



Principal Place of Business
3653 CORTEZ ROAD WEST
3711 CORTEZ RD W S300
BRADENTON FL 34210
US

Mailing Address
3653 CORTEZ ROAD WEST
3711 CORTEZ RD W S300
BRADENTON FL 34210-3106
US

2. Principal Place of Business
21 3711 Cortez RD. W
Suite, Apt. #, etc.
22 300
City & State
23 BRADENTON FL
Zip
24 34210 Country
25

2a. Mailing Address
26 3711 Cortez RD. W
Suite, Apt. #, etc.
27 300
City & State
28 BRADENTON FL
Zip
29 34210 Country
30

3. Date Incorporated or Qualified
04/16/1974

3a. Date of Last Report
04/29/1996

4. FEI Number
59-1535171

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BLACKMER, THOMASINE
3711 CORTEZ RD W
S300
BRADENTON FL 34210

10. Name and Address of New Registered Agent
81 Name
OKSON, ANN M.
82 Street Address (P.O. Box Number is Not Acceptable)
3711 Cortez RD. W.
83 Suite 300
84 City
BRADENTON FL 85 Zip Code
34210

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 *Ann M. Olson* *ANN M. OKSON* *4/25/97*
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	SD	<input checked="" type="checkbox"/> DELETE
NAME	BLACKMER, THOMASINE	
STREET ADDRESS	3711 CORTEZ RD W S300	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	VDAS	<input checked="" type="checkbox"/> DELETE
NAME	ST JOHN, VALERIE A.	
STREET ADDRESS	3711 CORTEZ RD W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SCHIER, JAMES R.	
STREET ADDRESS	3711 CORTEZ RD S300	
CITY-ST-ZIP	BRADENTON 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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OKSON, ANN M	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARTLEY, John	
2.3 STREET ADDRESS	3711 Cortez RD. W.	
2.4 CITY-ST-ZIP	BRADENTON FL 34210	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 *Ann M. Olson* *ANN M. OKSON* *4/25/97*

CR2E034 (9/96)