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FILED  
Mar 25 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 # 538285 (8)  
1. Corporation Name  
SUN COAST CLOSURES, INC.



Principal Place of Business  
7350 26TH COURT EAST  
SARASOTA FL 34243  
US

Mailing Address  
7350 26TH COURT EAST  
SARASOTA FL 34243-3947  
US

3. Date Incorporated or Qualified  
06/29/1977

3a. Date of Last Report  
03/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1746124	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			XX Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	D
NAME	SMILEY, STEPHEN P.	1.2 NAME	
STREET ADDRESS	2700 S. WESTMORELAND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	PARISH, JAMES R.	2.2 NAME	
STREET ADDRESS	2700 S. WESTMORELAND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	DC
NAME	IRELAND, JAMES D.	3.2 NAME	
STREET ADDRESS	1111 CHESTER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MILLER, JAMES H.	4.2 NAME	
STREET ADDRESS	2700 S. WESTMORELAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	
NAME	PIRKAN, ARNO F.	5.2 NAME	
STREET ADDRESS	7350 26TH COURT EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	DP
NAME		6.2 NAME	EDDIE M. LESOK
STREET ADDRESS		6.3 STREET ADDRESS	2700 S. WESTMORELAND AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DALLAS, TX

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: Arno Pirkan

3/7/97 941-355-7166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0431470

CR2E034 (9/96)