FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 678142 (1)

1. Corporation Name
SUNCOAST REPRESENTATION SERVICES, INC.

Principal Place of Business
6149 CHANCELLOR DRIVE
SUITE #700
ORLANDO FL 32809

Mailing Address
~~6149 CHANCELLOR DRIVE~~
~~SUITE #700~~
~~ORLANDO FL 32809~~

3. Date Incorporated or Qualified: 07/11/1980
3a. Date of Last Report: 05/11/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 215 N. EOLA DR.
Suite, Apt. #, etc.
27
City & State
28 ORLANDO, FL
Zip 29 32801 Country 30 USA

4. FEI Number: 59-2011718 — 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
~~MORRISON, R.W.~~
~~940 N. ORANGE AVENUE~~
~~ORLANDO FL 32800~~

10. Name and Address of New Registered Agent
81 Name: Gary Sales
82 Street Address (P.O. Box Number is Not Acceptable): 215 North Eola Drive
83
84 City: Orlando FL 85 Zip Code: 32801

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: Gary Sales — Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE: 4/24/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	FRAHM, LARAINE	
STREET ADDRESS	8726 LOST COVE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	FRAHM, PHIL	
STREET ADDRESS	8726 LOST COVE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	~~D~~	☑ DELETE
NAME	~~TOOHEY, GARRETT~~	
STREET ADDRESS	~~6149 CHANCELLOR DR #700~~	
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE	SDT	☐ DELETE
NAME	FRAHM, LARAINE	
STREET ADDRESS	8726 LOST COVE DR	
CITY-ST-ZIP	ORLANDO FL	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: LARAINE FRAHM, PRESIDENT — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-26-96