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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90237 041 \*\*\*\*61.25

US2457

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 727600</b>					
1. Corporation Name <b>SUNCOAST REEF ROWDIES, INC.</b>					
Principal Place of Business <del>12900 90TH AVE N</del> PO BOX 411 PINELLAS PARK FL <del>33564-0411</del>			Mailing Address 1997 MICHIGAN AVE NE ST. PETERSBURG FL 33703 US		



2. Principal Place of Business 21 <b>P.O. Box 411</b> Suite, Apt. #, etc. 22 City & State 23 <b>Pinellas Park, FL</b> Zip Country 24 <b>33780</b> 25 <b>US</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <b>10/01/1973</b> 4. FEI Number <b>23-7278984</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SMITH, SONIA M</b> <b>1997 MICHIGAN AVE NE</b> <b>ST. PETERSBURG FL 33703</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, WAYNE		1.2 NAME	Kisco, Steve	
STREET ADDRESS	602 BOUGH AVE		1.3 STREET ADDRESS	480 129th Ave. E.	
CITY-ST-ZIP	CLEARWATER FL 33760		1.4 CITY-ST-ZIP	Maderia Beach, FL 33708	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN, JON		2.2 NAME	Ann Howe	
STREET ADDRESS	1101 LIVE OAK CT.		2.3 STREET ADDRESS	277 Nautilus Way	
CITY-ST-ZIP	CLEARWATER FL 34616		2.4 CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SONIA M		3.2 NAME		
STREET ADDRESS	1997 MICHIGAN AVE NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		3.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, PAT WARD		4.2 NAME	Fredette, Patricia	
STREET ADDRESS	1236 OAK VIEW AVE.		4.3 STREET ADDRESS	9263 140th Way	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	Seminole, FL 33776	
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 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 617, 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:

*Sonia M Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/99 727-522-8276  
 Date Daytime Phone #

CR2E037 (1/98)