

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754789 (6)
1. Corporation Name
SUNCOAST INTERNATIONAL ADOPTIONS, INC.



Principal Place of Business: **14277 WALSHINGHAM RD. LARGO FL 34644 US**
Mailing Address: **P. O. BOX 332 INDIAN ROCKS BCH. FL 34635 US**

3. Date Incorporated or Qualified: **10/23/1980**
3a. Date of Last Report: **03/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2039325		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		29	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**PEARCE, JANE A
2336 SETON LN
LARGO, FL
34644**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D PEARCE, JANE	12 NAME	
STREET ADDRESS	2336 SETON LANE	13 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	14 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD VISNAGE, VALERIE	22 NAME	
STREET ADDRESS	14026 YACHT CLUB BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD PAPAGEORGE, VICKI	32 NAME	
STREET ADDRESS	12294 INDIAN ROCKS RD	33 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	34 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD STALEY, JANET	42 NAME	SD
STREET ADDRESS	1096 DAMROSCH STREET	43 STREET ADDRESS	Stephanie J. Pearce
CITY - ST - ZIP	LARGO FL	44 CITY - ST - ZIP	2336 Seton Lane South
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD ROILAND, JOHN	52 NAME	
STREET ADDRESS	7354 122ND WAY N	53 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet Staley* **1/29/96** **(813) 596-3135**
DATE: _____ DAYTIME PHONE # _____

CR2E037 (12/95)