

FILE NOW: FILING FEE IS \$61.25

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Sep 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758389** (1)

1. Corporation Name

SUNCOAST SOUND BOOSTERS, INC.



Principal Place of Business	Mailing Address
P.O. BOX 280234 TAMPA FL 33682	P.O. BOX 280234 TAMPA FL 33682-0234

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1981		3a. Date of Last Report 08/13/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1877148		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROWLAND, SHAWN 2045 E. BAY DR. #228 LARGO FL 34641				81 Name ROWLAND, SHAWN M.			
				82 Street Address (P.O. Box Number is Not Acceptable) 2045 E. BAY DR., #303			
				83			
				84 City LARGO FL 33771			

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0508, Florida Statutes.

SIGNATURE  DATE **8/30/97**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	NAME	Change Addition
STREET ADDRESS	STREET ADDRESS		1.2 NAME	1.3 STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		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		

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

SIGNATURE  DATE **8/30/97** **X3156** **813-572-9300**

CR2E037 (9/96)