

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Susana B. Matham Secretary of State DIVISION OF CORPORATIONS
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APPROVED  
AND  
FILED

**DOCUMENT # 759948 (3)**  
 1. Corporation Name  
**SUNCOAST PIMEG, INC.**

MAY 11 9:11  
 DIVISION OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 21647 TAMPA FL 33622-1647	Mailing Address P.O. BOX 21647 TAMPA FL 33622-1647
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>09/09/1981</b>	3a. Date of Last Report <b>06/09/1994</b>
4. FEI Number <b>59-2215 142</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**CANNAVINO, TONDA  
 2701 N. ROCKY PT.  
 STE. 800  
 TAMPA FL 33607**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and fee 1 applicable) DATE \_\_\_\_\_ (Typed) (Typed) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>
NAME	<b>GARDNER, ANNA</b>
STREET ADDRESS	<b>1405 TAMPA PARK PLAZA</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>VD</b>
NAME	<b>FRAZE, HENRY</b>
STREET ADDRESS	<b>6921 17TH LN., N.</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>T</b>
NAME	<b>CANNAVINO, TONDA</b>
STREET ADDRESS	<b>2701 N. ROCKY POINT DR., SUITE 800</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>PD</b>
NAME	<b>PACKER, WILLIAM E</b>
STREET ADDRESS	<b>3801 39TH ST SOUTH</b>
CITY - ST - ZIP	<b>ST PETERSBURG FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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: \_\_\_\_\_  
 TONDA D. CANNAVINO

4/27/95  
 813-281-9332  
 EXT-4204