## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F34404

(6)

SUNCOAST GROUP LTD., INC.

FILED
Apr 23 1998 8:00am
Secretary of State



Disabet Disabet Disabet					EN 81801 01801 01810 1884		
Principal Place of Business Mailing Address							
710 N PLANKINTON AVE 710 N PLANKINTON AVE							
MILWAUKEE WI 53203-2404		MILWAUKEE WI 53203-2404		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 05/12/1981		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			39-1385826	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
28		28			Trust Fund Contribution	Added to Fees	
<b>Z</b> ip	Country	Zip	Zip Country		8. This corporation owes or has paid the currer	nt vear Intangible	
24	25	29 3	0		Personal Property Tax due June 30.	· _ ·	
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Ag	ent	
CT CORPORATION SYSTEM			81	Name			
1200 <b>\$</b> . Pine Island road			82	Street	et Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				5	recorded (1.0. Box Hambor to Hot / toopuble)		
			83				
			84	0:4:			
			64	City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpos 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						nanging its registered	
office or registered agent, or both, in the State of Florida. Such charige 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 portled name of registered agent and tice of applicable (NOTE Registered Agent signature required when reinstating)  DATE							
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		V	Change 🗶 Addition	
NAME	<b>Z</b> ILBER, JOSEPH J.		1.2 NAME		BRAUN, ROBERT E.	,	
STREET ADDRESS	REET ADDRESS 710 N. PLANKINTON AVE.		1.3 STREET	ADDRESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI		1.4 CITY - S	T- <i>2</i> 1P	MILWAUKEE, WI 53203		
TITLE	VO	DELETE	2.1 TITLE		V	Change X Addition	
NAME	<b>STE</b> IN, GERALD		2.2 NAME		GRANDLICH, JOHN R.	<b>1</b>	
STREET ADDRESS	710 N. PLANKINTON AVE.		2.3 STREET	ADORESS	710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	MILWAUKEE WI		2. 4 CITY - S		MILWAUKEE, NI 53203		
TITLE	P	DELETE	3.1 TITLE			Change X Addition	
NAME	BORRIS, JAMES D		3.2 NAME		CHEVALIER, STEPHAN J.	· •	
STREET ADDRESS	710 N PLANKINTON AVE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI		3.4. CITY-S	- 1	710 N. PLANKINTON AVENUE, #1200		
TITLE	<u> </u>	DELETE	4.1 TITLE	1.11	MILWAUKEE, WI 53203	Change Addition	
NAME	WIGCHERS, ARTHUR W., JR.	<u> </u>	4. 2 NAME		MADIGAN. MARK S.	- I III	
STREET ADDRESS	710 N. PLANKINTON AVE.	,	4.3 STREET	ADDRESS	•		
]	MILWAUKEE WI				710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP TITLE	V	☐ DELETE	4.4 CITY-ST 5.1 TITLE	- 111	MILWAUKEE. WI 53203	Change X Addition	
NAME	JANZ, JAMES F		5.2 NAME		- A3	1 Augusto Per vonition	
l l	710 N. PLANKINTON AVE.			I DDDCCC	DELISLE, SANDRA J.		
STREET ADDRESS	MILWAUKEE WI		5.3 STREET		710 N. PLANKINTON AVENUE, #1200		
CITY-ST-ZIP	VS	□ DELETE	5.4 CITY-ST	-ZIP	MILWAUKEE, WI 53203	Change Addition	
TITLE	YOUNG, JAMES B	□ OCTEIE	6.1 TITLE		<u>L.</u>	Change	
NAME	710 N. PLANKINTON AVE.		6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	MILWAUKEE WI		6.4 CITY - ST	- ZIP			

(4. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
Mark S. Madigan

Assistant Secretary 1/28/98 (414) 274-2433

CR2E034 (10/97