FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005222 (5)

1. Corporation Name
SUN COAST CORP. OF ILLINOIS, INC.

Principal Place of Business	Mailing Address
% SIGMUND LEFKOVITZ 801 N. SKOKIE BLVD., STE. 106 NORTHBROOK IL 60062	% SIGMUND LEFKOVITZ 801 N. SKOKIE BLVD., STE. 106 NORTHBROOK IL 60062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 36-3913427 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOLTZMAN, SONNY HKES+F REGISTERED AGENT C.O.C.P
2601 SOUTH BAYSHORE DR., STE. 600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: HKES& F Resgistered Agent Corp.
82 Street Address (P.O. Box Number is Not Acceptable): 2601 South Bayshore Drive
83: Suite 600
84 City: Miami FL 85 Zip Code: 33133

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: Sonny Holtzman — 4-21-95
Signature, typed or printed name of registered agent and the capacity/position (If not Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	11 TITLE	☐ Change ☐ Addition
NAME	LEFKOVITZ, SIGMUND	12 NAME	
STREET ADDRESS	801 N. SKOKIE BLVD., STE. 106	13 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KARSERAS, PAUL	22 NAME	
STREET ADDRESS	801 N. SKOKIE BLVD., STE. 106	23 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(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.

SIGNATURE: 4-21-95 (708) 564-1880
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR AUTHORIZED OFFICER — Date — Daytime Phone #
Sigmund Lefkovitz

0467770 FP