


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

FILED  
May 07 1998 8:00am  
Secretary of State

|   |                               |   |  |   |                                |
|---|-------------------------------|---|--|---|--------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998   |                               |  |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS    |                                |
| DOCUMENT # F93000005222 (5)<br>1. Corporation Name<br>SUN COAST CORP. OF ILLINOIS, INC.   |                               |   |  |   |                                |
| Principal Place of Business<br>% SIGMUND LEFKOVITZ<br>801 N. SKOKIE BLVD., STE. 106<br>NORTHBROOK IL 60062  |                               |   | Mailing Address<br>% SIGMUND LEFKOVITZ<br>801 N. SKOKIE BLVD., STE. 106<br>NORTHBROOK IL 60062 |   |                                |
| 2. Principal Place of Business  |                               | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified<br>11/17/1993   |                                |
| 21  | Suite, Apt. #, etc.           | 26  | Suite, Apt. #, etc.  | 4. FEI Number<br>36-3913427   | Applied For<br>Not Applicable  |
| 22  | City & State                  | 27  | City & State   | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 23  | Zip                           | 28  | Zip  | 6. Election Campaign Financing<br>Trust Fund Contribution   | \$5.00 May Be Added to Fees    |
| 24  | Country                       | 29  | Country  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30 | Yes No                         |
| 9. Name and Address of Current Registered Agent<br>HKES & F REGISTERED AGENT CORP<br>2801 SOUTH BAYSHORE DR., STE. 600<br>MIAMI FL 33133  |                               |   | 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 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<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE   |                               |   |  |   |                                |
| 12. OFFICERS AND DIRECTORS  |                               |   |  |   |                                |
| TITLE   | NAME                          |   |  |   |                                |
| NAME  | PDS LEFKOVITZ, SIGMUND        |   |  |   |                                |
| STREET ADDRESS  | 801 N. SKOKIE BLVD., STE. 106 |   |  |   |                                |
| CITY-ST-ZIP   | NORTHBROOK IL 60062           |   |  |   |                                |
| TITLE   | NAME                          |   |  |   |                                |
| NAME  | V KARSERAS, PAUL              |   |  |   |                                |
| STREET ADDRESS  | 801 N. SKOKIE BLVD., STE. 106 |   |  |   |                                |
| CITY-ST-ZIP   | NORTHBROOK IL 60062           |   |  |   |                                |
| TITLE   | NAME                          |   |  |   |                                |
| NAME  |                               |   |  |   |                                |
| STREET ADDRESS  |                               |   |  |   |                                |
| CITY-ST-ZIP   |                               |   |  |   |                                |
| TITLE   | NAME                          |   |  |   |                                |
| NAME  |                               |   |  |   |                                |
| STREET ADDRESS  |                               |   |  |   |                                |
| CITY-ST-ZIP   |                               |   |  |   |                                |
| TITLE   | NAME                          |   |  |   |                                |
| NAME  |                               |   |  |   |                                |
| STREET ADDRESS  |                               |   |  |   |                                |
| CITY-ST-ZIP   |                               |   |  |   |                                |
| TITLE   | NAME                          |   |  |   |                                |
| NAME  |                               |   |  |   |                                |
| STREET ADDRESS  |                               |   |  |   |                                |
| CITY-ST-ZIP   |                               |   |  |   |                                |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |                               |   |  |   |                                |
| 1.1 TITLE   |                               |   |  |   |                                |
| 1.2 NAME  |                               |   |  |   |                                |
| 1.3 STREET ADDRESS  |                               |   |  |   |                                |
| 1.4 CITY-ST-ZIP   |                               |   |  |   |                                |
| 2.1 TITLE   |                               |   |  |   |                                |
| 2.2 NAME  |                               |   |  |   |                                |
| 2.3 STREET ADDRESS  |                               |   |  |   |                                |
| 2.4 CITY-ST-ZIP   |                               |   |  |   |                                |
| 3.1 TITLE   |                               |   |  |   |                                |
| 3.2 NAME  |                               |   |  |   |                                |
| 3.3 STREET ADDRESS  |                               |   |  |   |                                |
| 3.4 CITY-ST-ZIP   |                               |   |  |   |                                |
| 4.1 TITLE   |                               |   |  |   |                                |
| 4.2 NAME  |                               |   |  |   |                                |
| 4.3 STREET ADDRESS  |                               |   |  |   |                                |
| 4.4 CITY-ST-ZIP   |                               |   |  |   |                                |
| 5.1 TITLE   |                               |   |  |   |                                |
| 5.2 NAME  |                               |   |  |   |                                |
| 5.3 STREET ADDRESS  |                               |   |  |   |                                |
| 5.4 CITY-ST-ZIP   |                               |   |  |   |                                |
| 6.1 TITLE   |                               |   |  |   |                                |
| 6.2 NAME  |                               |   |  |   |                                |
| 6.3 STREET ADDRESS  |                               |   |  |   |                                |
| 6.4 CITY-ST-ZIP   |                               |   |  |   |                                |



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)