## 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 # F9300005222 (5)

SUN COAST CORP. OF ILLINOIS, INC.

FILED
May 07 1998 8:00am
Secretary of State



Principal Place of Business		Mailing Address					
% SKOMUND LEFKOVITZ 801 N. SKOKIE BLVD STE. 106 NORTHBROOK IL 60062		<b>%</b> SIGMUND LEFKOVITZ					
		801 N. SKOKIE BLVD., STE, 106					
		NORTHBROOK IL 60062	NORTHBROOK IL 60062		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					11/17/1993		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21		26			36-3913427	No.	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$9.75	
22		<u> </u>	27		5. Certificate of Status Desired	Fee Re	
City & State			City & State		• Flatin Onnain Financia		<del>_</del>
23		h-n i	· · · ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
		28					
Zip	Country	Zip	<del> </del>		8. This corporation owes or has paid th		
24	25	29	30		Personal Property Tax due June 30.		No
	9. Name and Address of Curre				10. Name and Address of New Registe	ared Agent	
	<b>es &amp;</b> f registered agent (		8	1 Name			
2601 SOUTH BAYSHORE DR., STE. 600			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	MI FL 33133			0.000710	STOCK (T.O. DOX (VOITIBO) TO TVOIT TOOCOPIASIS)		
			8	3			
			8	4 City		FL 85 Zip	Code
				<u></u>			!-!
11, Pursuant	lo <b>the</b> provisions of Sections 607.0! edistered agent, or both, in the Sta	502 and 607.1508, Florida Statut Te of Florida. Such change was a	es, the abo authorized l	ve-named co by the corpor	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	ase of changing it a appointment as	registered registered
agent la	<b>m fa</b> miliar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statut	es.	, ,	.,	, I
SIGNATURE							ļ
SIGNATORIC	Signature, typoid or printed name of registered in	gent and lifter apparable (NOII	: Registered A	gent signature req		ATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	POS	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	LEFKOVITZ, SIGMUND		1.2 NAM	E			
STREET ADDRESS	801 N. SKOKIE BLVD., STE	. 106	135185	E1 ADDRESS			
	NORTHBROOK IL 60062		•				
CITY-ST-ZIP	V	DELETE	1.4 CHTY 2.1 TITLE			Change	Addition
TITLE	_					Orlange	
NAME	KARSERAS, PAUL		2 2 NAME				
STREET ADDRESS	801 N. SKOKIE BLVD., STE	. 106	2 3 STRE	et address			ľ
CITY-ST-ZIP	NORTHBROOK IL 60062		2. 4 CITY	-ST-ZIP			
TITLE	DELETE		3 1 TITLE			Change	Addition
NAME			3.2 NAM	E	•		
STREET ADDRESS			2.3 STRE	et address			
CITY-\$T-ZIP		☐ DELETE	4 1 THILE	-ST-ZIP		Спапре	Addition
TITLE		[_] DELETE		i		La Onange	
NAME			4.2 NAM	lt			
STREET ADDRESS			4.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			4.4 CITY	- ST - ZIP			
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5 2 NAM	E			1
STREET ADDRESS				E1 ADDRESS			ł
			5.4 CITY				ļ
CITY-ST-ZIP		DELETE				Change	Addition
TITLE		FT DELETE	6 1 TITLE	- 1		□ cuange	Addition
NAME			6.2 NAM	E			ŀ
STREET ADDRESS			6.3 STRE	E1 ADDRESS			j
CITY-ST-ZIP			6.4 CITY	- ST - ZIP			
14. I hereby	certify that the information supplied	with this filing does not qualify to	or the exem	ption stated	n Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the	Information

Indicated on this annual report or supplied with his hilling does not qualify for the exemplion stated in Section 119.05(1). Plotted statutes. Fitting does not qualify for the exemplion stated in Section 119.05(1), Plotted statutes. Fitting does not plotted in the control of the composition of the composition of the composition of 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.

Ruz 564-1880