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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H12803

SUNCOAST OPPORTUNITIES, INC.

		1.

FILED Apr 21 1997 8:00am Secretary of State



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Principal Flac	e of Business	Mailing Address			a cognosa sodo proso cidal albite odesdo (nic	Divid Bibli Dibli	01011 010 1 1 1	IDIL SODS
2649 ULMERTO	N ROAD	2973 68TH AVENUE SO		,				
82	FL 64665	ST. PETERSBURG FL 337	12-5543					
CLEARWATER I	FL 34622	US			3. Date Incorporated or Qualified	3a. Date	of Last B	enort
•					07/18/1984	04/23/		open
. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	1 0 1,20,		plied For
21		26			59-2449907			t Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75	Additional
22	······································	27			5. Obtained of claids besided		Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	r	\$5.00	
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Coun	ıry	8. This corporation has hability for			199.032,
24	25 9. Name and Address of Cur	rrent Registered Agent	30]		Florida Statules 10. Name and Address of New Re	Yes 1		
BDA		Italic riogistoros Agorii		Name	10, Name and Address of New He	Misiolog Adi	VIII.	
	OKS, HOWARD 3 68TH AVE SOUTH							
			[Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
QI; I	PETERSBURG FL 33712		l l	33				
			1	City		FL '	85 Zip (Code
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508 Florida State	utes the abo	we-named cor	reporation submits this statement for the r		enging it	registered
office or r	registered agent, or both, in the Si	late of Florida, Such change was	authorized	by the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	pt the appoin	tment as	registered
agent I a	um familiar with and account the at	diantions of Costion 607 NEDE 1	Jarida Ctatu	lon				
	am familiar with, and accept the of	oligations of, Section 607.0505, F	lorida Statu	les.				
agent. I a	am familiar with, and accept the of Signature, typed or printed name of registeres				uired when reinslating)	DATE		
	Signature, typed or printed name of registered					DATE		
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (NC	DIE Registered	Agent signature requ	uired when reinstating)	DATE CERS AND D		
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