FILED Apr 20, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporation                                     |  | 3                           |                   |                    |                          |  |               |                   |
|--|--|-----------------------------|-------------------|--------------------|--------------------------|--|---------------|-------------------|
| SUNCOA   | IST OPPORTUNITIES, INC.                            |                             |                   |                    |                          |  |               |                   |
| Principal Place                                    | of Business  | Mailing Address             |                   |                    |                          |  |               | Milita distribili |
| 2649 ULMERTOI                                      |  | 2973 68TH AVENUE S          | 60                |                    |                          |  |               |                   |
| CLEARWATER FL 33762 ST. PETERSBURG FL 33742        |  |                             |                   |                    |                          | SO NOT MOTE IN THE   | G 6040E       |                   |
| US . US  |  |                             |                   |                    |                          | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed   |               |                   |
|  |  |                             |                   |                    |                          | 07/18/1984   |               | ļ                 |
| 2. Principal Place of Business 2a. Mailing Address |  |                             |                   |                    |                          | 4. FEI Number  | A             | pplied For        |
| <del>-</del> i '                                   | ace of Business                                    | 26                          |                   |                    |                          | 59-2449907   | <del>  </del> | ot Applicable     |
| 21   Suite, Apt. #, etc.                           |  | Suite, Apt. #, etc.         |                   |                    |                          |  |               | Additional        |
| 22   |  |                             | 27                |                    |                          | 5. Certifcate of Status Desired  | Fee R         | tequired          |
| City & State                                       | 9  | City & State                |                   |                    | -                        | 6. Election Campaign Financing   | \$5.00        | May Be            |
| 23   | •  | 28                          |                   |                    |                          | Trust Fund Contribution Added to Fees  |               |                   |
| Zip  | Country  | Zip                         | Cou               | intry <sub>.</sub> |                          | 8. This corporation owes the current year  |               |                   |
| 24   | 25   | 29                          | 30                |                    |                          | Personal Property Tax.   | Yes           | No                |
|  | 9. Name and Address of Curre                       | nt Registered Agent         |                   |                    |                          | 10. Name and Address of New Registere  | d Agent       |                   |
| PDO  | OKE HOMADD   |                             | :                 | 81                 | Name                     |  |               | 1                 |
| BROOKS, HOWARD                                     |  |                             |                   | 82                 | Street Add               | ress (P.O. Box Number is Not Acceptable)   |               |                   |
| 2973 68TH AVE SOUTH<br>ST. PETERSBURG FL 33712     |  |                             |                   |                    |                          |  |               |                   |
| 31. F  | FETENODUNG FE 337 12                               |                             |                   | 83                 |                          |  |               | (                 |
|  |  |                             |                   | 84                 | City                     | F  | 85 Zip        | Code              |
|  | ····   |                             |                   | Ш                  |                          | •  |               | o registered      |
| office or re                                       | egistered agent or both in the State               | of Florida, Such change v   | vas authorizec    | i by thi           | named com<br>e corporati | poration submits this statement for the purpose ion's board of directors. I hereby accept the app  | ointment as r | egistered         |
| agent. I a   | m familiar with, and accept the obliga             | ations of, Section 607.0505 | 5, Florida State  | utes.              |                          |  |               |                   |
| SIGNATURE  | Signature, typed or printed name of registered age | and this if applicable      | (NOTE: Registered | Anent si           | idnature regultr         | ed when reinstating) DATE  | _             | <u> </u>          |
| 12.  |  | ND DIRECTORS                | 13.               | - Agoint a         | grataro roquit           | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECT    | ORS IN 12         |
| TITLE  | Ť  | ☐ DÉLET                     |                   | TLE                |                          |  | Change        | ☐ Addition        |
| NAME   | BROOKS, DIANNE L                                   |                             | 1.2 N             | AME                |                          |  |               |                   |
| STREET ADDRESS                                     | 2973 68TH AVE SO.                                  |                             | 1.3 \$1           | TREET AL           | DRESS                    |  |               | }                 |
| CITY-ST-ZIP  | ST. PETERSBURG FL                                  |                             | 1.4 CI            | TY-ST-Z            | ge l                     |  |               |                   |
| TITLE  | PST  | ☐ DELE                      |                   |                    |                          |  | Change        | ☐ Addition        |
| NAME   | BROOKS, HOWARD H.                                  |                             | 2.2 NA            | AME                |                          |  |               | 1                 |
| STREET ADDRESS                                     | 2973 68TH AVE SO                                   | <b>~</b> ∪ .                | 2.3 \$1           | TREET AL           | DORESS .                 | and the same of th |               |                   |
| C/TY-ST-ZIP  | ST. PETERSBURG FL                                  |                             | 2.4 C             | TY-ST-             | ZIP                      |  |               |                   |
| TITLE  | -  | ☐ DELE                      | ΓE 3.1 TΓ         | TLE                |                          |  | Change        | Addition          |
| NAME   |  |                             | 3.2 N             | AME                |                          | •  |               |                   |
| STREET ADDRESS                                     |  |                             | 3.3 81            | TREET AL           | DDRESS                   |  |               | }                 |
| CITY-ST-ZIP  |  |                             | 3.4. C            | ITY-ST-            | ZIP                      |  |               |                   |
| TITLE ·  |  | ☐ DELE                      | ΓE 4.1 ΤΓ         | TLE                |                          |  | Change        | Addition          |
| NAME   |  |                             | 4. 2 N            | AME                |                          |  |               |                   |
| STREET ADDRESS                                     |  |                             | 4.3 ST            | TREET AL           | DORESS                   |  |               | }                 |
| CITY-ST-ZIP  |  |                             | 4.4 CI            | TY-ST-Z            | ZIP                      |  |               |                   |
| TITLE  |  | ☐ DEFE.                     |                   |                    |                          |  | Change        | Addition Addition |
| NAME   |  |                             | 5.2 N/            |                    |                          |  |               | }                 |
| STREET ADDRESS                                     |  |                             | i                 | TREET AL           |                          |  |               |                   |
| CITY-ST-ZIP  |  |                             |                   | TY-ST-Z            | ZIP                      |  |               |                   |
| TITLE  | a to the same to                                   | ☐ DELE                      |                   |                    |                          |  | Change        | Addition          |
| NAME   |  | •                           | 6.2 N/            |                    | Ì                        |  |               |                   |
| PTDEET ADDDEEC                                     | PAR - 4 754  |                             | 6.3 83            | TREET AS           | DDRESS                   |  |               | \ \ \             |

CITY-ST-ZIP 14. 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the Block 12 or Block 13 if changed or or an

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS