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FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H64617 (4)
1. Corporation Name
SUNCOAST INSURORS, INC.



Principal Place of Business
2196 PRINCETON STREET
SARASOTA FL 34237-3435

Mailing Address
2196 PRINCETON STREET
SARASOTA FL 34237-3435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0373758	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BOGUSZ, TED G. 6509 WATERFORD CIRCLE SARASOTA FL 34238				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V
NAME	BOGUSZ, TED G.	1.2 NAME	LISA R. CLARK
STREET ADDRESS	6509 WATERFORD CIRCLE	1.3 STREET ADDRESS	4911 HOULE PLACE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D	2.1 TITLE	V
NAME	BOGUSZ, ANNETTE M.	2.2 NAME	CHRISTINE A. SOUZA
STREET ADDRESS	6509 WATERFORD CIRCLE	2.3 STREET ADDRESS	6844 SUPERIOR ST. CIR
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	V	3.1 TITLE	
NAME	BURNS, MICHAEL R.	3.2 NAME	
STREET ADDRESS	5126 WILLOW LINKS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	HASSLER, WILLIAM	4.2 NAME	
STREET ADDRESS	688 CIRWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	VST	5.1 TITLE	
NAME	JAKUSOVAS, MICHAEL F.	5.2 NAME	
STREET ADDRESS	1651 WALDEMERE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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. MICHAEL F. JAKUSOVAS

SIGNATURE: *Michael F. Jakusovas* 4/30/98 (941) 365-2900

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