PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H64617**

1. Corporation Name SUNCOAST INSURORS. INC.

Principal Place of Business

2106 PRINCETON STREET

BOGUSZ & ASSOCIATES, INC.

Mailing Address

2490 PRINCETON STREET

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90092 042 ***158.75



DO.	NOT	WRITE	INI	THIS	SPAC
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SARASOTA FL	34297-3495- NASTALONO (10/14	SARASOTA 51 24292-8495-	FORA	CIRCL	DO NOT WRITE IN THE	S SPAC	E			
6509 WATERFORD CIRCLE 6509 WATERFORD CIRCLE SARASOTA, FLA 34238 SARASOTA, RUA 34238					3. Date Incorporated or Qualifed 07/01/1985					
Principal Place of Business 2a. Mailing Address .					4. FEI Number		Арр	ied For		
21	to kees	26			65-0373758			Applicable		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		~ ~	5. Certificate of Status Desired		. 75 Ac	ditional uired		
City & State	ə	City & State			6. Election Campaign Financing	\$:	5. 00 N	fay Be		
23		28			Trust Fund Contribution	Α	dded to	Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year Ir			¬		
24	25	29 30			Personal Property Tax. 10. Name and Address of New Registered	∐ Ye		□No		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent				
ROG	usz, ted G.		"	Ivallie						
6509 WATERFORD CIRCLE			82	Street Addres	ss (P.O. Box Number is Not Acceptable)			}		
SARASOTA FL 34238			83							
0/40	A00174 7 E 0 1200		63							
	Av. Total		84	City	FI	8 5	Zip C			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was autho	nzea by	the corporation	ration submits this statement for the purpose of source of directors. I hereby accept the appoint	f chang intmen	ing its r t as reg	egistered istered		
SIGNATURE					when reinstating) DATE					
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	nt signature required i	ADDITIONS/CHANGES TO OFFICERS A	ND DIE	ECTOR	RS IN 12		
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE		ADDITIONOLI MICES 10 CT TIGENO		hange	Addition		
NAME	BOGUSZ, TED G.	<u></u>	1.2 NAME]		
STREET ADDRESS	6509 WATERFORD CIRCLE			T ADDRESS				i		
	SARASOTA FL		1.4 CITY-S							
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	,		□ C	ange	Addition		
NAME	BOGUSZ, ANNETTE M.		2.2 NAME	}				l		
. STREET ADDRESS	6509 WATERFORD CIRCLE			T ADDRESS						
CITY-ST-ZIP	SARASOTA FL	and the second s	2. 4 CITY - S		The second secon		· .			
TITLE	V	XX DELETE	3.1 TITLE			□ c	hange •	Addition		
NAME	CLARK, L R	· ·	3.2 NAME					Ì		
STREET ADDRESS	4911 HOULE PL	I	3.3 STREET	T ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34232		3.4. CITY-S	ST-ZIP	,					
TITLE	V	A DELETE	4.1 TITLE			□c	hange	☐ Addition		
NAME	SOUZA, C A		4. 2 NAME					i		
STREET ADDRESS	6844 SUPERIOR ST CIR		4.3 STREET	TADDRESS						
CITY-ST-ZIP	SARASOTA FL 34243	3737	4.4 CITY-S	T-ZIP						
TITLE	VST	DELETE	5.1 TITLE			□c	hange	Addition		
NAME	JAKUSOVAS, MICHAEL F.		5.2 NAME	İ	,	•				
STREET ADDRESS	1651 WALDEMERE ST		5.3 STRÈET	TADDRESS						
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-S	T-21P						
TITLE .		☐ DELETE	6.1 TITLE			□c	hange	Addition		
NAME			6.2 NAME							
STREET ADDRESS	37 17 N. B.A.		6.3 STREE	TADDRESS						
CITY-ST-ZIP.			6.4 CITY-S	T-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, with all other like empowered.