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

**PROFIT CORPORATION ANNUAL REPORT** 1997



## Sandra B. Mortham

Secretary of State

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May 02 1997 8:00am

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT** #

(6)

## SUNCOAST PROFESSIONAL PUBLISHING CORPORATION

Suite, Apt. #, etc.  22  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  Fee Required  6. Election Campaign Financing S.5.00 May Be Trust Fund Contribution Added to Fees  Zip Country  Zip Country  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  Fee Required  8. This corporation has liability for intangible tax under s. 199.032,						
## Authority   P. O. BOX 10094 TALLAHASSEE FI. 2202-2094  ## City & State  ## City & State  ## City & State  ## City & State  ## DUNBAR, PETER M.  ## TALLAHASSEE FI. 3200-3094  ## City & State  ## City & Sta	Principal Place	of Business	Mailing Address		. 1981011 0111 10101 10101 10101 11101 11101 11101 11101 11101 11101 11101 11101 11101 11101 11101 11101 11101	EL FOLL DEDEL DIDLE GLOOL BIDLE DE LE BLEEF FOOD
27   Principal Piace of Businos   28   Mailing Address   4.   El Number   Applied Tox   Sulfe, Apt #, etc.   5.   Sulfe, Apt #, etc.   5.   Cortificate of Status Desired   \$8.75 Additional   Fee Required   59-260367   Nex Application   Sulfe, Apt #, etc.   5.   Cortificate of Status Desired   \$8.75 Additional   Fee Required   59-260367   Nex Application   Fee Required   70-2014   Nex Fee Required   70-2014   Fee Required   70-2014   Nex Fee	P. O. BOX 10094		P. O. BOX 10094		2 Only Innoversity of Overlin	od 20 Dek all ast Danas
2. Making Address   2. Making Address   3. Making Address   4. FET Number   Appliced for   Appliced for   Appliced for   Suite, April #, etc.   5. Certificate of Status Desired   \$8.75 Additional   Fee Required   \$8.75 Additional   Fee Required					1	
Sulfe, Apt. #, of   Sulf	2. Principal Place of Business		2a. Mailing Address			
Sulte, Apt. #i, etc.    Sulte, Apt. #i, etc.   Sulte, Apt. #i, etc.   Sulte, Apt. #i, etc.   City & State   Cit	1		26		59-2620367	<del></del>
City & State   City	<del></del>		Suite, Apt. #, etc.	., 1		S8.75 Additional
28	City & City					Fee Required
Zip	<del></del> , '		···			- <del>- +0.00</del> may 20
9. Name and Address of Current Registered Agent  DUNBAR, PETER M. 4811 H0HGROVE RD. TALLAHASSEE FL 32308  83  84 City  FL  85 Zip Codo  11. Pursuant to the provisions of Sections 607,0602 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Foods. Such change was and very registered agent, or both in the State of Foods. Such change was and very registered agent, or both in the State of Foods. Such change was and very registered agent, or both in the State of Foods. Such change was and very registered agent, or both in the State of Foods. Such change was and very registered agent. I am familiar with, and accept the objections of Sections 607 6050. Florida Statutes.  SIGNATURE  Signature  Signature  12. Of FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  V  OFFICERS AND DIRECTORS  14. City S1-7/P  17. TALLAHASSEE FL  16. City S1-7/P  17. TALLAHASSEE FL  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Crange Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  V  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TALLAHASSEE FL  18. Lity S1-7/P  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TALLAHASSEE FL  18. Lity S1-7/P  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TALLAHASSEE FL  18. Lity S1-7/P  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  V  Crange Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TALLAHASSEE FL  18. Lity S1-7/P  18. Lity S1-7/P  18. Lity S1-7/P  19. Crange Addition  19. Crange Ad	<del></del>	Country		Country		
DUNBAR, PETER M.  4811 HQHQROVE RD. TALLAHASSEE FL 32308  82 Street Address (P.O. Box Number is Not Acceptable)  83 Report to the provisions of Sections 607,0502 min 607,1508. Florida Statutes. The above remarked corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0508. Florida Statutes. The above remarked corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0508. Florida Statutes. The above remarked operation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0508. Florida Statutes.  SIGNATURE  Signature (proof of protect name of registering agents)  12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THILE  V OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THILE  V OWNER, PETER M.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THILE  V OWNER, PETER M.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THILE  V OWNER, PETER M.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THILE  V OWNER, PETER M.  13. SIRPH ADDRESS  4811 HIGHGROVE RD.  13. SIRPH ADDRESS  4811 HIGHGROVE RD.  24. SIRPH ADDRESS  4811 HIGHGROVE RD.  24. SIRPH ADDRESS  4811 HIGHGROVE RD.  24. SIRPH ADDRESS  4811 HIGHGROVE RD.  33. SIRPH ADDRESS  4811 HIGHGROVE RD.  34. CITY-ST-ZIP  17. E. OR SIRPH ADDRESS  4811 HIGHGROVE RD.  33. SIRPH ADDRESS  4811 HIGHGROVE RD.  4810 IN	<b>-</b> '	├ <del></del> ¬ '	ļ ļ	····		
### ABT HINGHOROYE RD. TALLAHASSEE FL 32308  ### City FL 85 7/p 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 agent, or both, in the State of Florida. Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  ### SIGNATURE    OFFICE RS AND DIRECTORS   18.				1991		
### ABIT HRÖHGROVE RD. TALLAHASSEE FL 32308  ### City FL   85   Zip Code	DUN	IBAR. PETER M.		81 Name		
TALLAHASSEE FL 32308    B3				82 Street	Address (P.O. Box Number is Not Acce	ptable)
T1. Pursuant to the provisions of Sections 607,0502 and 607,1508. Floridal Statutes, the adversariation office or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Floridal Statutes.  SIGNATURE    Time	TALL	LAHASSEE FL 32308				
### Pursuant to the provisions of Sections 607.04.02 and 607.1508. Florida Statutos, 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. Thereby accept the obligations of, Section 607.0505, Florida Statutos.  ### Signature - type of protect name of registered agent amends agent numerical agent amends agent numerical agent amends agent numerical agent n				83		
11. Pursuant to the provisions of Sections 607.0509 and 607.1508. Horida. Statutors, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutors board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutors board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutors board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutors board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutors board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutors board of directors. Thereby accept the obligations of, Section 607.0505, Florida Statutors, the acceptance of registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutors agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutors, and accept the obligation of the policy of the corporations board of directors. Thereby accept the obligation of, Section 607.0505, Florida Statutors, and accept the obligation of, Section 607.0505, Florida Statutors, and accept the obligation of, Section 607.0505, Florida Statutors, the accept agent agents agent agents agent agents agent agents agent agents agent a				84 City	The state of the s	85 Zip Code
Agent. I am familiar with, and accept the obligations of, Section 607 0505, Floridal Statutos.    Signature: Typed or printed transic of regulations agent and the displace to position for printed transic of regulations agent and the displace required when resistating).    12.	44 Durawaat da	a the manufacture of Continue COZ O	100			
SIGNATURE	office or re	egistered agent, or both, in the Sta	te of Florida. Such change was a	es, the above-hamed authorized by the corp	corporation submits this statement for t poration's board of directors. I hereby a	ne purpose of changing its registered coept the appointment as registered
12.	• •	n familiar with, and accept the obl	igations of, Section 607.0505, Flo	irida Statules.		
1\$. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE V DUNBAR, PETER M.  STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL  12 NAMI STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL  12 CHange Addition 13 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL  22 NAMI STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL  24 CITY-ST-ZIP TITLE DELFIE 31 TITLE DELFIE 31 TITLE ANAME STREET ADDRESS CITY-ST-ZIP TITLE DELFIE 31 TITLE ANAME STREET ADDRESS CITY-ST-ZIP TITLE ANAME STREET ADDRESS CITY-ST-ZIP TITLE ANAME STREET ADDRESS CITY-ST-ZIP THE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-		Signature, Iyoed or printed name of registering	ager Lang tife if applicable (NOTE	- Evoisiered Agent signature	roquired when renstating)	DATE
NAME   DUNBAR, PETER M.   12 NAME   1.3 STHEFT ADDRESS   4811 HIGHGROVE RD.   1.4 CITY-ST-ZIP   TALLAHASSEE FL   1.4 CITY-ST-ZIP   TALLAHASSEE FL   1.4 CITY-ST-ZIP   TALLAHASSEE FL   1.4 CITY-ST-ZIP   1.4 CIT						
STREET ADDRESS   4811 HIGHGROVE RD.   1.3 STREET ADDRESS   1.4 CITY-ST-7IP   TALLAHASSEE FL	TITLE	٧	DELETE	1 1 1111.6		Change Addition
CITY-ST-ZIP         TALLAHASSEE FL         14 CITY-ST-ZIP           TITLE         PD         DELETE         21 TITLF         Change         Addition           NAME         DUNBAR, SUSAN B.         22 NAMI         CTY-ST-ZIP         4811 HIGHGROVE RD.         23 STREET ADDRESS           CITY-ST-ZIP         TALLAHASSEE FL         2 If CITY-ST-ZIP         Change         Addition           NAME         32 NAME         32 NAME         Change         Addition           NAME         42 NAME         42 NAME         Change         Addition           NAME         42 NAME         43 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           STREET ADDRESS         CITY-ST-ZIP         44 CITY-ST-ZIP         44 CITY-ST-ZIP         CTHANGE         CTHANGE	NAME			1.2 NAME		
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NAME   DUNBAR, SUSAN B.   4811 HIGHGROVE RD.   23 STREET ADDRESS   TALLAHASSEE FL   2 II CHY-S1-ZIP   TITLE   DELETE   33 STREET ADDRESS   CITY-S1-ZIP   34 CITY-S1-ZIP   34 CITY-S1-ZIP   TITLE   DELETE   4.1 III.E   DELETE   4.2 III.E   DELETE   ADDRESS   CITY-S1-ZIP   Change   Addition   AMME   ADDRESS						
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TITLE         DELETIE         3.1 TITLE         Change         Addition           NAME         32 NAME         32 NAME         33.5 TREL1 ADDRESS         33.5 TREL1 ADDRESS         5.7 TREL ADDRESS         5.7 TREL ADDRESS         6.7 TREL ADDRESS         6	1					
NAME		INCOMINADEL PL	DELETE			Channe Addition
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NAME 6.2 NAME STREET ADDRESS	NAME STREET ADORESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

I do hereby certify that the information sopplied 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. I forida Statutes; and that my name appears in Block 12 or Block 13 if manual, or on an attackment with an address.