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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H98445

(0)

SARASOTA SUN COAST REAL ESTATE, INC.

SAINSOIR SON SONST HEAL ESTATE, INC.											
Principal Plac	e of Business	Mailir	g Address						84H 848H 84B	JI WIWII WAWII BI	E
1515 RINGING BOULEVARD		1515 RINGLING BOULEVARD					}				
STE 1000		STE 1000					DO NOT WOIT	.c. 141 71 110	00405		
SARASOTA FL 34236			SARASOTA FL 34236 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US		03					F		ı		
2. Principal P	lace of Business	2a. M	ailing Address				02/10/1980 4. FEI Number	0			Applied For
21		26	alling / labicoo				59-26752	127			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				1				Additional
22		27	1				5. Certificate of S	Status Desired			Required
City & State		C	City & State				6. Election Camp	paign Financing	 	\$5.0	0 May Be
23		28	28				Trust Fund Co	-			d to Fees
Zip	Country	71	p	Count	lry	-	8. This corporation	on owes or has p	aid the cu	rrent year li	ntangible
24	25	29		30				erty Tax due Jun			□ No
	9. Name and Address of Current	Register	ed Agent				10. Name and Ad	Idress of New R	egistered	Agent	
	AW, ANDREW			le le	11	Name					
1515 RINGING BOULEVARD				ε	82 Street Address (P.O. Box N			er is Not Accepte	able)		
STE 1000			يا	1							
SARASOTA FL 34236			l°	3							
				Ē	4	City				85 Zig	Code
44 Burniant	to the provisions of Sections 607.0503	and 607	1609 Florido Ctati	dan the she	1	named and	ration outstalts this	tatament for the	FL	<u> </u>	ito registered
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											is registered is registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND			13.	190	nt aignature roquilet		ANGES TO OFF		D DIRECTO	PRS IN 12
TITLE	VPD		DELETE	1.1 TITU						Change	
NAME	BARON, DAVID J.			1.2 NAM	ε						
STREET ADDRESS 1515 RINGING BLVD STE 1000			1.3 STREET ADD			ADDRESS					
CITY-ST-ZIP	SARASOTA FL			1.4 CITY	- ST	r- ZIP					
TITLE	VPD		DELETE	2.1 TITLE						Change	☐ Addition
NAME	FERGESON, JAMES O. JR.			2.2 NAM	E						
STREET ADDRESS 1515 RINGLING BLVD. STE 1000				2.3 STR	ET /	ADDRESS					
CITY-ST-ZIP	SARASOTA FL			2. 4 CITY	/-S	T-ZIP					
TITLE	VP D		☐ DELETE	3.1 FITLE	-					☐ Change	Addition
NAME	KEYSER, STEPHEN B.			3.2 NAM	E						
STREET ADDRESS	1515 RINGLING BLVD STW 10	00		3.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP	SARASOTA FL			3 4. CITY		T-24P					
TITLE	DVP		DELETE	4.1 TiTLE		ļ				L_J Change	☐ Addition
NAME	SHAW, ANDREW			4, 2 NAM							
STREET ADDRESS	1515 RINGLING BLVD STE 100)U				ADDRESS					
CITY-ST-ZIP	SARASOTA FL		DUCTE	4.4 CITY	_	- ZIP				Channe	Adams.
TITLE	PD ENDED I DONALD		DELETE	5.1 TITLE		1				Change	Addition
NAME	SKIPPER, J. RONALD	\		5.2 NAM		ADODECE					ŀ
STREET ADDRESS	1515 RINGLING BLVD STE 100	N				ADDRESS					
CITY-ST-ZIP TITLE	SARASOTA FL		DLTELE	5.4 CITY		1-ZIP				Change	Addition
} I	VPD			6.1 TITLE						Change	(Avuido ریا
NAME STREET ADDRESS	TIRABASSI, E. RALPH 1515 RINGLING BLVD STE 100	ν.		6.2 NAM		ADDDECC					
1 1	SARASOTA FL	JU				ADDRESS					
CITY-ST-ZIP	ONTROUIN FL			6.4 CITY	·Sf	- 111					

4. 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 trusted 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.

SIGNATURE

Janes 18 Pm

4/9/98 941-957-1900

FILED

Apr 16 1998 8:00am

Secretary of State