

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

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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J59718 (3)

1. Corporation Name
SUN COAST SERVICES, INC.

Principal Place of Business
% ROBERT F. JENNINGS
BLDG M6-493
KENNEDY SPACE CENTER FL 32899
US

Mailing Address
% ROBERT F. JENNINGS
3590 BELLE ARBOR CIR.
TITUSVILLE FL 32780-5592
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1987		3a. Date of Last Report 03/05/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2789802		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	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JENNINGS, ROBERT F. 3590 BELLE ARBOR CIR TITUSVILLE FL 32780				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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	PT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENNINGS, LINDA I.			1.2 NAME			
STREET ADDRESS	3590 BELLE ARBOR CIR.			1.3 STREET ADDRESS			
CITY - ST - ZIP	TITUSVILLE FL			1.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENNINGS, ROBERT F.			2.2 NAME			
STREET ADDRESS	3590 BELLE ARBOR CIR			2.3 STREET ADDRESS			
CITY - ST - ZIP	TITUSVILLE FL			2.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARHAM, MONA L.			3.2 NAME	BARHAM, MONA L.		
STREET ADDRESS	925 CYNTHIA DR			3.3 STREET ADDRESS	4562 HELENA DRIVE		
CITY - ST - ZIP	TITUSVILLE FL			3.4 CITY - ST - ZIP	TITUSVILLE FL		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE: Mona L. Barham 1-21-97 (407) 867-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)