SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT FLORIDA DEPARTMENT OF STATE			= \$		
CORPORATION ANNUAL REPORT		Sandra B.			
1		Secretary		g 2 zz	
1998 DIVISION OF CORPORATIONS				98 NOV 13 NM 9: 20	
1. Corporation	MENT # J73695	(5)		JO (10-	W DE STATE
			SECRETAN	SEF. FLORIDA	
SUNCOAST ENGINEERING ASSOCIATES, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Plac	e of Business	Mailing Address		L 1580001 BULL LB\$50 5000 QUILD LB\$1	
1000 FOREST CT PO BOX 1114					
DUNEDIN FL 34698 DUNEDIN FL 34697		DUNEDIN FL 34697 US		DO NOT WRIT	E IN THIS SPACE
		•		3. Date Incorporated or Qualified	
2 Principal D	Place of Business	2n Mailing Address		05/18/1987 4. FEI Number	
21 Principal P	race of business	2a. Mailing Address	_	59-2807603	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	:e	City & State	* * *	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25		30	Personal Property Tax due June	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name					
KALLUNKI, JOHN A.					
DUNEDIN FL 34698				ess (P.O. Box Number is Not Acceptate	ole)
83					
1			84 City		85 Zip Code
The District to the provisions of postions COV OCCO and COV 1509. Florida Statutes the phase support to the expression submits this statement for the purpose of phase in the provisions.					
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 abligations of, section 607.0505, Florida Statutes.					
SIGNATURE St. a. Kallh: 10-27-98					
12.	Sloreture, typed or printed name of registered agent OFFICERS ANI		E: Registered Agent signature requi	fred when reinstating) ADDITIONS/CHANGES TO OFF	DATE
TITLE	DPT CT TOETCO ACT	DELETE	1.1 TITLE	725111d10301741020 10 01.	Change Addition 29 Addition 20
NAME	KALLUNKI, JOHN A.		1.2 NAME		34
STREET ADDRESS	1000 FOREST COURT		1.3 STREET ADDRESS		ZE
CITY-ST-ZIP	DUNEDIN FL 34698 S	DELETE	1.4 CITY-ST-ZIP		
NÃME	KALLUNKI, PHLLIS L.	<u> </u>		CILIATITES	Change Addition
STILLET ADDRESS	1000 FOREST COURT		2.3 STREET ADDRESS	EINSTATEMEN	IT 98
CITY-ST-ZIP	DUNEDIN FL 34698		2.4 CITY-ST-ZIP		
TITLE NAME		DELETE	3.1 TITLE 3.2 NAME	15.11/198	Change Addition
STREET ADORESS	}		3.2 NAME 3.3 STREET ADDRESS	10,110	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP	1		4.3 STREET ADDRESS 4.4 City-St-Zip	10000	16921212 1/9801099-003
TITLE		DELETE	5.1 TITLE	来来来	50.00 **** ISDAGA
NAME			5.2 NAME	4	
STREET ADDRESS			5.3 STREET ADDRESS		
TITLE		Driete	5.4 CITY-ST-ZIP 6.1 TITLE		Character Charac
NAME		L DELETE	6.2 NAME		Change Addition
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.					
+40 N/ T/ME DEGNIE 1/5// 10 25 00 P27 27/					