FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 12 1998 8:00am **PROFIT** FLOR: DA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # Sunkoast Management, Principal Place of Business Mailing Address 7801 Park Blud. DO NOT WRITE IN THIS SPACE Pinellas Park FL 33781 3. Date Incorporated or Qualified 3-28-88 2. Principal Place of Business 4. FEI Number Applied For 6950 Central Avenue 21 Not Applicable Suite, Act. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered A 9. Name and Address of Current Registered Agent Hardy Huntley 7801 Park Blvd. Name Street Address (P.O. Box Number is Not Acceptable) 83 Pinelles Park, FL 33781 84 City 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 Signature, typed or putted name of registerical agent and title if applicable INOTE: Burgstered Accest signature required when reinstations 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TIT: F 1.1 TITLE NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS Pinellas Park, FL 3378, 1.4 CITY - ST - 7:P CITY - ST- ZIP Change TITLE 2 1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADORESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3 4 CITY-ST-ZIP DELETE Change Addition 4.1 TBLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY - \$1 - 719 CITY -ST-ZIP DELETE 9000025226**年**學*** -05/14/98--01001--025 Addition FITLE 6111111 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150,00 6.4 CITY - ST - ZIP CITY - ST- ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information andicated on this annual report or suppliemental 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 of 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 by on an attachment with an accress

SIGNATURE:

4/29/98 8,35445319