

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

FILED  
May 12 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # K57287 (0)

1. Corporation Name  
SUNCOAST EDUCATIONAL RESOURCES, INC.

Principal Place of Business

C/O GERALD R. RUTTER  
2100 GULF VIEW BLVD.  
DUNEDIN FL 34698-2101  
US

Mailing Address

C/O GERALD R. RUTTER  
2100 GULF VIEW BLVD.  
DUNEDIN FL 34698-2101  
US



|                                |                        |   |                                       |
|--------------------------------|------------------------|---|---------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br>01/10/1989   | 3a. Date of Last Report<br>05/01/1996 |
| 21                             | 26                     | 4. FEI Number<br>59-2926078   | Applied For<br>Not Applicable         |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |                                       |
| 23 City & State                | 28 City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |                                       |
| 24 Zip                         | 25 Country             | 29 Zip  | 30 Country                            |
|                                |                        | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

RUTTER, GERALD R.  
2100 GULF VIEW BLVD  
DUNEDIN FL 34698-2101

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | PD                   | 1.1 TITLE   |  |
| NAME                       | RUTTER, GERALD       | 1.2 NAME  |  |
| STREET ADDRESS             | 2100 GULF VIEW BLVD. | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | DUNEDIN FL           | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VPD                  | 2.1 TITLE   |  |
| NAME                       | RUTTER, JEFFREY      | 2.2 NAME  |  |
| STREET ADDRESS             | 209 ARBOR DR. W.     | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | PALM HARBOR FL       | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 3.1 TITLE   |  |
| NAME                       |                      | 3.2 NAME  |  |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 4.1 TITLE   |  |
| NAME                       |                      | 4.2 NAME  |  |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 5.1 TITLE   |  |
| NAME                       |                      | 5.2 NAME  |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |                      | 6.1 TITLE   |  |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                      | 6.4 CITY - ST - ZIP                                   |  |

I 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 located 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 a 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 is listed in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0458336

CR2E034 (9/96)