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 # K57287

(0)

SUNCOAST EDUCATIONAL RESOURCES, INC.

Principal Place of	f Business	Mailing Addres	S	
C/O GERALD R. 2100 GULF VIEW DUNEDIN FL 346 US	RUTTER / BLVD.	C/O GERALD F 2100 GULF VIE DUNEDIN FL 34 US	r, rutter W BLVD.	
2. Principal Place of Business		2a. Mailing Address		
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
24	25	29	30	

FILED Feb 02 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

01/10/1989 4. FEI Number

59-2926078 Not Applicable \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intaggible ☐ Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RUTTER, GERALD R. 2100 GULF VIEW BLVD Street Address (P.O. Box Number is Not Acceptable) DUNEDIN FL 34698-2101 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. 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE LOISMAE L RUTTER, GERALD 1.2 NAME NAME 2100 GULF VIEW BLYD 2100 GULF VIEW BLVD. 1.3 STREET ADDRESS STREET ADDRESS **DUNEDIN FL** DUNEDIN CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition 51 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 changef for on an attachment with an address.

SIGNATURE:

COTY-ST-ZIP

813-734-8406