


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

FILED

Apr 22 1997 8:00am  
Secretary of State

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

DOCUMENT # **K64267**

(3)

1. Corporation Name

**SUCA NETWORK, INC.**



|  |   |
|--|---|
| Principal Place of Business                                | Mailing Address   |
| % CARTER W. HOPKINS<br>3211 OCEAN DR.<br>VERO BCH FL 32963 | % CARTER W. HOPKINS<br>3211 OCEAN DR.<br>VERO BCH FL 32963-1957 |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/03/1989</b> | 3a. Date of Last Report<br><b>05/01/1996</b> |
|--|--|

|                                |                               |
|--------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address           |
| 21 <b>1580 GRACE WOOD LANE</b> | 26 <b>1580 GRACEWOOD LANE</b> |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc.        |
| 23 <b>VERO BEACH FL</b>        | 28 <b>VERO BEACH FL</b>       |
| 24 <b>32963</b>                | 29 <b>32963</b>               |
| 25 <b>INDIAN RIVER</b>         | 30 <b>INDIAN RIVER</b>        |

|   |  |
|---|--|
| 4. FEI Number<br><b>NOT APPLICABLE</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 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

**HOPKINS, CARTER W**  
**3211 OCEAN DR.**  
**VERO BCH FL 32963**

10. Name and Address of New Registered Agent

81 Name **HOPKINS CARTER W**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1580 GRACEWOOD LANE**

83

84 City **VERO BEACH** FL 85 Zip Code **32963**

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 *Carter W Hopkins* DATE **4/17/97**

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOPKINS, CARTER W.</b>       | 1.2 NAME  | <b>HOPKINS CARTER W</b>  |
| STREET ADDRESS             | <b>3211 OCEAN DR.</b>           | 1.3 STREET ADDRESS                                    | <b>1580 GRACEWOOD LANE</b>   |
| CITY-ST-ZIP                | <b>VERO BCH FL</b>              | 1.4 CITY-ST-ZIP                                       | <b>VERO BEACH FL 32963</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HOPKINS, SUSAN R.</b>        | 2.2 NAME  | <b>HOPKINS SUSAN R</b>   |
| STREET ADDRESS             | <b>3211 OCEAN DR.</b>           | 2.3 STREET ADDRESS                                    | <b>1580 GRACEWOOD LANE</b>   |
| CITY-ST-ZIP                | <b>VERO BCH FL</b>              | 2.4 CITY-ST-ZIP                                       | <b>VERO BEACH FL 32963</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 3.2 NAME  |  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |  |
| 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: *Carter W Hopkins* DATE **4/17/97** 561-231-1115

CR2E034 (9/96)