

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16355

(4)

1. Corporation Name

SUNCOAST PRESS SERVICES, INC.

Principal Place of Business

104 W. SENECA
UNIT #1
TAMPA FL 33612
US

Mailing Address

104 W. SENECA
UNIT #1
TAMPA FL 33612
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

PARKS, ERNEST L.
4311 FIG STREET
TAMPA FL 33609

3. Date Incorporated or Qualified

09/14/1989

3a. Date of Last Report

04/19/1995

4. FEI Number

65-0147989

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 607.0506, Florida Statutes.

SIGNATURE

Signature of individual or firm designated as the registered agent

Signature of New Registered Agent (if different from current agent)

Date

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
PARKS, ERNEST L.
4311 FIG STREET
TAMPA FL

DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
PARKS, JAMES E.
4311 FIG STREET
TAMPA FL

DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

Change Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

Change Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

Change Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

Change Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

Change Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

Change Addition

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP

Change Addition

29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP

Change Addition

33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP

Change Addition

37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP

Change Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

Change Addition

45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP

Change Addition

49. TITLE
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51. STREET ADDRESS
52. CITY-STATE-ZIP

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81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY-STATE-ZIP

Change Addition

85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY-STATE-ZIP

Change Addition

89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY-STATE-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 the attachment with an address.

SIGNATURE

JAMES E. PARKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96

813-931-0880

CR2E034 (12/95)