FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L77530 (8)

1. Corporation Name
SUNCOAST INVENTORY SYSTEMS, INC.

Principal Place of Business
%LOUIS J. VENAFRO
3613 BELMONT BLVD.
SARASOTA FL 34232
US

Mailing Address
%LOUIS J. VENAFRO
3613 BELMONT BLVD.
SARASOTA FL 34232
US

3. Date Incorporated or Qualified: 05/31/1990
3a. Date of Last Report: 04/21/1995
4. FEI Number: 65-0203800 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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

2. Principal Place of Business
21 2831 Ringling Blvd.
Suite, Apt. #, etc
22 Suite 220 F
City & State
23 Sarasota, Fl
Zip
24 34237
Country
25 Sarasota

2a. Mailing Address
26 2831 Ringling Blvd
Suite, Apt. #, etc
27 Suite 220F
City & State
28 Sarasota, Fl
Zip
29 34237
Country
30 Sarasota

9. Name and Address of Current Registered Agent
VENAFRO, LOUIS J.
3613 BELMONT BLVD.
SARASOTA FL 34232

10. Name and Address of New Registered Agent
81 Name: Judd W. Goodall
82 Street Address (P.O. Box Number is Not Acceptable): 2831 Ringling Blvd
83 Suite 220 F
84 City: Sarasota FL 85 Zip Code: 34237

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] Judd W. Goodall presd 7/30/96

12. OFFICERS AND DIRECTORS

TITLE	DPT	[X] DELETE
NAME	VENAFRO, LOUIS J.	
STREET ADDRESS	3613 BELMONT BLVD.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DVS	[ ] DELETE
NAME	WALLACE, JAMES D.	
STREET ADDRESS	2767 FRUITVILLE RD	
CITY-ST-ZIP	SARASOTA FL 34237-5224	
TITLE	D	[ ] DELETE
NAME	GOODALL, JUDD	
STREET ADDRESS	2115 HIBISCUS	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/T/D	[X] Change [ ] Addition
3.2 NAME	Goodall, Judd W.	
3.3 STREET ADDRESS	2115 Hibiscus St.	
3.4 CITY-ST-ZIP	Sarasota, Fl 34239	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Judd W. Goodall [signature] presd 7/30/96 (941) 951-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #