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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Jun 01, 1999 8:00 am Secretary of State 06-01-1999 90029 031 \*\*\*150.00

DOCUMENT # LT 7530 1. Corporation Name  Suncoast Inventory Systems, Inc.    Principal Place of Business	199	9	DIVI	SION OSCU	RPORA	TIONS		06-01-1999 90029	9 031 ***150	0.00	
Principal Place of Business    ### Applied For This SPACE    Principal Place of Business	DOCUME	VT# L77	530 1 S	tem		7		_			
2 Principal Place of Business 2 Principal Place of Business 2 Principal Place of Business 3 Date Incorporated or Qualified 3 Date Incorporated or Qualified 3 Date Incorporated or Qualified 4 FEI Number	Sun	coast Inve	ntary (	Z <sup>3</sup> . "	ك رد،	Lnc.	-	567521 - 90029	9 - 31		
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2. Principal Place of Business 21	LIIS MIBISCUS SI							DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.  Suite, Ap								3. Date Incorporated or Qualifed		_	
Suite, Apt. #, etc.	2. Principal Place of	Rucinose	2a Mailing Add	ress				4. FEI Number	<del></del>	Applied Fo	or
Suite Apt. #, etc.   Suite Apt. #, etc.   Suite Apt. #, etc.   27   28   27   29   29   20   29   20   20   20   20	21. Principal Place of Business  21. Principal Place of Business  22. Invaling Address										
City & State  33	Suite, Apt. #, etc.							5 Certificate of Status Desired \$8.75 Additional			
2p   Country   Zip   Zip   Country   Zip   Z	<del></del>							6. Election Campaign Financing		•	
28										ed to Fees	
11. Name and Address of Current Registered Agent    Second Control of Control			· ·	30	1	ry	\	·		□No	
11. Pursuant to the provisions of Sections 607.0502 and 607.0502 florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, are both inches state of Florida Statutes.  Signature    Signature		town and Address of Current	Pagistared Agent						stered Agent		
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11. Pursuant to the provisions of Sections 607.0502 and 607.0502 florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, are both in the Stefe of Florida Statutes.  Signature agent, are both in the Stefe of Florida Statutes agent, are both in the Stefe of Florida Statutes.  Signature agent are both in the Stefe of Florida Statutes agent are both in the Stefe of Florida Statutes.  Signature agent are both in the Stefe of Florida Statutes agent are both in the Stefe of Florida Statutes.  Signature agent are both in the Stefe of Florida Statutes agent are both in the Stefe of Florida Statutes.  Signature agent are both in the Stefe of Florida Statutes agent agent are both in the Statutes.  Signature agent are both in the Stefe of Florida Statutes.  Signature agent are both in the Stefe of Florida Statutes.  Signature agent are both in the Statutes agent agent are both in the Companies agent are both in the Companies agent are both in the Companies agent a	Jude VI- Garage Street Address							(P.O. Box Number is Not Acceptable)			
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Signatury Typed or printed applicated appert and title if applicable.   (NOTE: Registered Agent signature required when reinstalling)   (DATE   1.1 TITLE   1.1	SIGNATURE	The work of the	9	_							-
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NAME		UFFICERS AND		DELETE	<b>!</b>			ADDITIONS/CHANGES TO CITY OF			
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CITY-ST-ZIP iling to not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fee of is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an astee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address, with all other like empowered. 14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental ar officer or director of the corporation of Block 12 or Block 13 if change

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition