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 # M81810 (7)

1. Corporation Name
SUNCOAST MFG. CO., N.C.

Principal Place of Business
~~7102 NORTH 30TH ST.~~
~~TAMPA FL 33610~~

Mailing Address
~~7102 NORTH 30TH ST.~~
~~TAMPA FL 33610~~

3. Date Incorporated or Qualified 05/19/1988
3a. Date of Last Report 04/11/1995

2. Principal Place of Business	2a. Mailing Address
21 905 E. M.L. King Jr. Dr.	26 905 E.M.L.King Jr.Dr.
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27 Suite 400
City & State 23 Tarpon Springs, Fl	City & State 28 Tarpon Springs, Fl
Zip 24 34689 / Country 25 Pinellas	Zip 29 34689 / Country 30 Pinellas

4. FEI Number 59-2895272 ☐ 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

9. Name and Address of Current Registered Agent

VINCELLI, ALFRED J.
~~7102 N. 30TH STREET~~
~~TAMPA FL 33610-8106~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 905 E.M.L. King Jr. Dr.
83 Suite 400
84 City Tarpon Springs FL 85 Zip Code 34689

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	VINCELLI, ALFRED J.		1.2 NAME	
STREET ADDRESS	~~7102 N. 30TH ST.~~		1.3 STREET ADDRESS	905 E.M.L. King Jr. Dr. #400
CITY-ST-ZIP	~~TAMPA FL~~		1.4 CITY-ST-ZIP	Tarpon Springs, Fl 34689
TITLE	~~VS~~	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	MCDONNEL, DENNIS F		2.2 NAME	
STREET ADDRESS	~~7102 N. 30TH ST.~~		2.3 STREET ADDRESS	905 E.M.L. King Jr. Dr. #400
CITY-ST-ZIP	~~TAMPA FL~~		2.4 CITY-ST-ZIP	Tarpon Springs, Fl 34689
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Alfred J Vincelli Pres 4-2-96 813-938-7119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #