

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M84971 (4)
1. Corporation Name
DJU OF THE SUNCOAST, INC.

Principal Place of Business	Mailing Address
15044 MADEIRA WAY P.O. BOX 8578 MADEIRA BCH. FL 33708	15044 MADEIRA WAY P.O. BOX 8578 MADEIRA BCH. FL 33708

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 06/10/1988		
4. FEI Number 23-2504172	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent	
HARTMAN, TODD 15044 MADEIRA WAY MADEIRA BEACH FL 33708	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
FL	85	Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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 I hereby accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE [Signature] (Type or print name of registered Agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 8-21-78

OFFICERS AND DIRECTORS		
12.	P	<input type="checkbox"/> DELETE
TITLE	HARTMAN, RANDALL	11 TITLE
NAME	905 HAWTHORNE AVE	12 NAME
STREET ADDRESS	MECHAWICHBURG PA	13 STREET ADDRESS
CITY-ST-ZIP		14 CITY-ST-ZIP
13.	V	<input type="checkbox"/> DELETE
TITLE	HARTMAN, TODD	21 TITLE
NAME	15044 MADEIRA WAY	22 NAME
STREET ADDRESS	MADEIRA BCH. FL	23 STREET ADDRESS
CITY-ST-ZIP		24 CITY-ST-ZIP
<input type="checkbox"/> DELETE		31 TITLE
TITLE		32 NAME
NAME		33 STREET ADDRESS
STREET ADDRESS		34 CITY-ST-ZIP
CITY-ST-ZIP		41 TITLE
<input type="checkbox"/> DELETE		42 NAME
TITLE		43 STREET ADDRESS
NAME		44 CITY-ST-ZIP
STREET ADDRESS		51 TITLE
CITY-ST-ZIP		52 NAME
<input type="checkbox"/> DELETE		53 STREET ADDRESS
TITLE		54 CITY-ST-ZIP
NAME		61 TITLE
STREET ADDRESS		62 NAME
CITY-ST-ZIP		63 STREET ADDRESS
<input type="checkbox"/> DELETE		64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>P HARTMAN RANDALL 730 ASHFIELD DRIVE FAYETTEVILLE, NC 28311</p>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 in an attachment with an address.

SIGNATURE: John A. Antwan (Vice President) 4-29-98 (813)392-3285

CR2E034 (10/97)