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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14236** (6)

1. Corporation Name

SUNCOAST CONCHOLOGISTS, INC.



Principal Place of Business	Mailing Address
P.O. 1564 PALM HARBOR FL 34682-8564	P.O. 1564 PALM HARBOR FL 34682-1564

3. Date Incorporated or Qualified 04/08/1986	3a. Date of Last Report 03/11/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2458546	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERN, LYNN
2391 SUMATRAN WAY #45
CLEARWATER FL 34623

81 Name JOHN NAPOLI
82 Street Address (P.O. Box Number is Not Acceptable) 3679 WINDBER BLVD.
83
84 City PALM HARBOR
85 Zip Code FL 34685

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **JOHN NAPOLI (TREASURER)** *John Napoli* **2/21/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOTTEN, SHARLENE 2252 SPRINGFLOWER DRIVE CLEARWATER FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD. TOTTEN, Sharlene 2252 Springflower Dr Clearwater, FL 34623	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAVILAND, BARBARA 6950 46TH AVE. N. LOT 51 ST. PETERSBURG FL 33709	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD SMITH, KATHERINE 2699 PINE RIDGE WAY EAST C-1 PALM HARBOR, FL. 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STERN, LYNN 2391 SUMATRAN WAY CLEARWATER FL 34623	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TD NAPOLI, JOHN 3679 WINDBER BLVD PALM HARBOR, FL. 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KRUCKI, LORELEI 13127 87TH AVENUE NORTH SEMINOLE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	SD WRIGHT, KARLA 2501 HARN BLVD., APT. H9 CLEARWATER, FL. 34624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sharlene O. Totten* **3/4/97** **813-734-2029**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0000000000

CR2E037 (9/96)