

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED
 Jul 23 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 # N33000 (3)

1. Corporation Name
SUNCOAST MODEL POWER BOATERS, INC.



Principal Place of Business 415 11TH STREET NW LARGO FL 34640	Mailing Address 415 11TH STREET NW LARGO FL 34640
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/26/1989	3a. Date of Last Report 07/30/1996
4. FEI Number 59-2958299	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33770	Country
Country	Zip 29 33770
Country	Country 30

9. Name and Address of Current Registered Agent

**RABBITT, DAVID
 415 11TH STREET NW
 LARGO FL 34640**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code 33770

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PO	<input type="checkbox"/> DELETE
NAME RABBITT, DAVID	
STREET ADDRESS 415 11TH ST. N.W.	
CITY-ST-ZIP LARGO FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME BEALS, LARRY	
STREET ADDRESS 506 72ND AVENUE NORTH	
CITY-ST-ZIP ST. PETERSBURG FL 33702	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME WALSH, DIANE	
STREET ADDRESS 2773 ENTERPRISE ROAD EAST	
CITY-ST-ZIP CLEARWATER F	
TITLE TD	<input type="checkbox"/> DELETE
NAME RABBIT, BRENDA	
STREET ADDRESS 415 11TH STREET NW	
CITY-ST-ZIP LARGO FL 34640	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	LARGO, FL 33770
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD Leonard Brunette
3.3 STREET ADDRESS	1391 W. Williams Court
3.4 CITY-ST-ZIP	Clearwater, FL 34624
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	LARGO, FL 33770
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 _____ SIGNATURE REQUIRED _____ 7/17/97 (913) 797-2460

CP2E037 (4/97)