


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90074 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000003652					
1. Corporation Name SUNTUG, INC.					
Principal Place of Business 2674 JARVIS CIR. PALM HARBOR FL 34683 US			Mailing Address 2674 JARVIS CIR. PALM HARBOR FL 34683 US		



2. Principal Place of Business 21 8706 Cobblestone Dr Suite, Apt. #, etc.		2a. Mailing Address 26 8706 Cobblestone Dr Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/12/1993	
22		27		4. FEI Number 59-3197097 Applied For <input checked="" type="checkbox"/> Not Applicable	
23 City & State Tampa, FL		28 City & State Tampa, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33615 Country USA		29 Zip 33615 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GOMEZ, GUSTAVO 2674 JARVIS CIR. PALM HARBOR FL 34683				10. Name and Address of New Registered Agent 81 Name Barbara Jean Miller 82 Street Address (P.O. Box Number is Not Acceptable) 8706 Cobblestone Dr 83 84 City Tampa FL 85 Zip Code 33615			
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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 Barbara Jean Miller DATE 4-30-99

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	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DZIERZAWSKI, JEFFREY			1.2 NAME			
STREET ADDRESS	1500 ALBEMARLE CT.			1.3 STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERRANO, EDWARD			2.2 NAME			
STREET ADDRESS	10175 CEDAR DUNE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAPMAN, CATHY L			3.2 NAME	Len Ternanova		
STREET ADDRESS	690 ISLAND WAY #910			3.3 STREET ADDRESS	15316 Spruson St.		
CITY-ST-ZIP	CLEARWATER FL 33767			3.4 CITY-ST-ZIP	Odessa, FL 33556		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOMEZ, GUSTAVO			4.2 NAME	Barbara Jean Miller		
STREET ADDRESS	2674 JARVIS CIR.			4.3 STREET ADDRESS	8706 Cobblestone Dr		
CITY-ST-ZIP	PALM HARBOR FL 34683			4.4 CITY-ST-ZIP	Tampa, FL 33615		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Jean Miller DATE 4-30-99 (727) 573-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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