


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000269 (8)**
1. Corporation Name
SUNCOAST REGIONAL SCHOOL-TO-WORK CONSORTIUM, INC



Principal Place of Business 1803 NORTHGATE BLVD. SARASOTA FL 34234	Mailing Address 1803 NORTHGATE BLVD. SARASOTA FL 34234
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2. Principal Place of Business 21 1844 17th Street Suite, Apt. #, etc. 22	2a. Mailing Address 26 1844 17th Street Suite, Apt. #, etc. 27
City & State 23 Sarasota, FL. 34234 Zip 24 34234 Country 25 USA	City & State 28 Sarasota, FL 34234 Zip 29 34234 Country 30 USA

3. Date Incorporated or Qualified 01/17/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0690833	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NAJMY, JOSEPH L
1205 MANATEE AVENUE W.
BRADENTON FL 34205**

10. Name and Address of New Registered Agent
81 Name Tony Newton
82 Street Address (P.O. Box Number is Not Acceptable) 1844 17th Street
83
84 City Sarasota FL 85 Zip Code 34234

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE MD	<input type="checkbox"/> DELETE
NAME KRESS, MARY HELEN	
STREET ADDRESS 1003 8 AVE W	
CITY-ST-ZIP BRADENTON FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME STACEY, SHIRLEY	
STREET ADDRESS 1980 LANDINGS BLVD	
CITY-ST-ZIP SARASOTA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME PARIS, DEANNA	
STREET ADDRESS 215 MANATEE AVE W	
CITY-ST-ZIP BRADENTON FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BARBER, JUNE	
STREET ADDRESS 5406 26 ST W	
CITY-ST-ZIP BRADENTON FL	
TITLE MD	<input checked="" type="checkbox"/> DELETE
NAME CURRY, NANCY	
STREET ADDRESS 1929 NORTHGATE BLVD	
CITY-ST-ZIP SARASOTA FL	
TITLE C	<input checked="" type="checkbox"/> DELETE
NAME BURDETT, DONNA	
STREET ADDRESS 3000 69 ST E	
CITY-ST-ZIP PALMETTO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Deborrah Metheny
2.4 CITY-ST-ZIP	1960 Landings Blvd Sarasota, FL. 34239
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Dr. John Rosen
4.4 CITY-ST-ZIP	5840 26th Street West Bradenton, FL 34207
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MD
5.3 STREET ADDRESS	Tony Newton
5.4 CITY-ST-ZIP	1844 17th Street Sarasota, FL 34234
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	C
6.3 STREET ADDRESS	Ellen Chmaj
6.4 CITY-ST-ZIP	257 Tamiami Trail N. Venice, FL. 34285

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.

SIGNATURE *[Signature]* 2-3-98

CR2E037 (10/97)