


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 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 # N96000006518 (2)

1. Corporation Name
SUNCOAST DAMS, INC.

Principal Place of Business 4362 REEVES ROAD NEW PORT RICHEY FL 34652	Mailing Address 4362 REEVES ROAD NEW PORT RICHEY FL 34652-3116
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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	Country 25

3. Date Incorporated or Qualified 12/23/1996	3a. Date of Last Report
4. FEI Number	Applied For <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FUNK, PAUL J
4362 REEVES ROAD
NEW PORT RICHEY FL 34652**

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**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	WESLEY A MEAD
STREET ADDRESS		1.3 STREET ADDRESS	880 OLEANDER WAY SOUTH APT 1506
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707-21C4
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ALICE BALDWIN
STREET ADDRESS		2.3 STREET ADDRESS	11253 CINDY DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	ANDREW J. DUFFY
STREET ADDRESS		3.3 STREET ADDRESS	725 MONTE CRISTO BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TIERKA VERDE, FL 33715
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ROBERT FULFORD
STREET ADDRESS		4.3 STREET ADDRESS	1418 SHELL FLOWER DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	ROBERT J JOHANSTON
STREET ADDRESS		5.3 STREET ADDRESS	880 OLEANDER WAY SOUTH APT 1306
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707-21C4
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	STUART SCHECKNER
STREET ADDRESS		6.3 STREET ADDRESS	4854 PRIAROSE PATH
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SARASOTA, FL 34242

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: *Paul Funk* **REQUIRED** **2/6/97** **813-847-3564**

CR2E037 (9/96)