

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90099 010 \*\*\*\*70.00

DOCUMENT # N98000003413

1. Corporation Name

SUNCOAST VENTURE FORUM, INC.

Principal Place of Business  
234 EAST DAVIS BOULEVARD  
TAMPA FL 33606

Mailing Address  
234 EAST DAVIS BOULEVARD  
TAMPA FL 33606



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/12/1998

4. FEI Number

59-3516190

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BARNETT, SCOTT F  
234 EAST DAVIS BOULEVARD  
TAMPA FL 33606

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 states that 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

(stating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Chairman of the Board & C.E.O.  
NAME Michael W. Fountain  
STREET ADDRESS 4202 E. Fowler Ave., BSN 3403 (3519)  
CITY-ST-ZIP TAMPA, FL 33620-5500

TITLE Board of Directors; Corporate Secretary  
NAME R. Wayne Brass  
STREET ADDRESS 4202 E. Fowler Ave., BSN 3403 (3519)  
CITY-ST-ZIP TAMPA, FL 33620-5500

TITLE Board of Directors; Treasurer  
NAME Stephen R. Budd  
STREET ADDRESS 4202 E. Fowler Ave., BSN 3403 (3519)  
CITY-ST-ZIP TAMPA, FL 33620-5500

TITLE Board of Directors  
NAME Robert L. Anderson  
STREET ADDRESS 4202 E. Fowler Ave., BSN 3403  
CITY-ST-ZIP TAMPA, FL 33620-5500

TITLE Board of Directors; Corporate Counsel  
NAME Scott F. Barnett  
STREET ADDRESS 234 E. Davis Blvd.  
CITY-ST-ZIP TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

4/13/99

813-977-3245

CR2E037 (11/98)