03-10-1999 90104 006 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # P22139					
1. Corporation	SUNCOAST CORPORATIO					
Principal Place	of Business	Mailing Address			<u> </u>	
1801 MARKET S		1801 MARKET ST				
PHILADELPHIA PA 19103 PHILADELPHIA PA 19103		DO NOT WRITE IN THIS SPACE				
U\$		US		3. Date Incorporated or Qualifed		
				12/15/1988		{
2. Principal Pl	ace of Business	2a. Mailing Address	·	4. FEI Number	Appl	lied For
21		26		23-2536200		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	
22		27			Fee Requ	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country		Country	This corporation owes the current year		
24	25		30	Personal Property Tax.		.]No
4	9. Name and Address of Currer			10. Name and Address of New Registe	red Agent	
			81 Name			
CT CORPORATION SYSTEM			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324						
PLAN	HATION FL 33324		83			
			84 City		FL 85 Zip Co	ode`
11 Durauent	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	s the above-named cor	poration submits this statement for the DUFDOS	e of changing its re	egistered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was at	thorized by the corporat	tion's board of directors. I hereby accept the a	ppointment as regi	stered
)	m ramiliar with, and accept the obliga	itions of, Section 607,0505, Flori	ua Statutes.		•	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATI		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	Addition
TITLE	V	☐ DELETE	1.1 TITLE		□ ¢hange	
NAME	HANISH, R.		1.2 NAME			
STREET ADDRESS	1801 MARKET ST PHILADELPHIA PA 19103		1.3 STREET ADDRESS			ŀ
CITY-ST-ZIP TITLE	PD PD	☐ DELETE	2.1 TITLE		Change	Addition
NAME	MULHOLLAND, P.A.		2.2 NAME			
STREET ADDRESS	1801 MARKET ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19103		2 4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	GERNER, E.C.		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19103	☐ DELETE	3.4. C/TY-ST-ZIP		[] Change	☐ Addition
TITLE	TD Jones, P.M.	C Defete	4.1 TITLE 4.2 NAME			
NAME STREET ADDRESS	1801 MARKET ST		4.3 STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19103		4.4 CITY-ST-ZIP			
TITLE	TIND OLD THE TO TO TO	☐ DELETE	54 707 5	155151ANT Secretary	Change	Addition
NAME			5.2 NAME	JUDIA A. FRASCH 1801 MARKET STREET		
STREET ADDRESS			5.3 STREET ADDRESS	1801 THEREP STICES		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Philadelphia, PA 19103		Addition
TITLE		☐ DELETE	6.1 TITLE	JOHN J.MC KEEVER	logs Labor	Addition
NAME			O'T I WANT	SUI MARKET STREET		
STREET ADDRESS			0.3 STREET ADDRESS	OUL WEIGHT THE TOTAL		

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 607, 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: