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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SUNCOAST FISHING, INC.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREE1 ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

WASILEWSKI, DONALD A

4305 IRIS ST. N.

LAKELAND FL 33813

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME



DOCUMENT # P9200000543 (8)

## FILED Jul 31 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State **DIVISION OF CORPORATIONS**

Principal Place of Business 4305 IRIS ST. NORTH LAKELAND FL 33813	Mailing Address 4305 IRIS ST. NORTH LAKELAND FL 33813-3985			
			3. Date Incorporated or Qualified 10/20/1992	<b>3a.</b> Date of Last Report <b>07/08/1996</b>
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3187117	Not Applicable
Suite, Apl. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip Country 25	Zip 3	Country 0	8. This corporation has liability for in Florida Statutes	langible tax under s. 199.032, Yes
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
Wasilewski, Susan 4305 Iris St. North Lakeland Fl 33813		83 City	ross (P.O. Box Number is Not Acceptable	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.				
SIGNATURE Signature, typed or printed name of registered agent a	and the if much action (AVATE )	Consistence Agent a market and it		DA1E.
Signature, typed or punted name of registered agent and total # applicable (NOTE Registered Agent signature required when reinstating) DATE  12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.				
TITLE P	DELETE	1.1 TALE		Change Addition
1	WASILEWSKI, SUSAN			
ARREST OF MODEL		1.2 NAME 1.3 STREET ADDRESS		
LAMPLAND EL ARGAD		1.4 CITY - ST - ZIP		
TITLE V	DELETE	21 TOUE \ \	<u> </u>	Change Addition
NAME LEWIS, RICHARD E		22 NAME 1 C	INS DICHARD F	address
STREET ADDRESS 490 WEST LUCILLE		2.3 STREET ADDRESS CO.	WIS, RICHARD E Y TUNISON LANE	1 - 2 - 1 - 2
CITY-ST-ZIP BARTON FL		2.5 OTHER PRODUCTION	BASTIAN FL 32	958

CITY-ST-ZIP 64 CITY - ST - ZIP 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 eath; that I am an officer or director of the corporation or the required 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 hydratachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - \$1 - ZIP

3.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TOLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

Change

Change

Change

Change

Addition

Addition

Addition

Addition