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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000000543**

1. Corporation Name
SUNCOAST FISHING, INC.

Principal Place of Business
**4305 IRIS ST. NORTH
LAKELAND FL 33813**

Mailing Address
**4305 IRIS ST. NORTH
LAKELAND FL 33813**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 454 TUNISON LANE		2a. Mailing Address 26 454 TUNISON LANE		3. Date Incorporated or Qualified 10/20/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3187117	
City & State 23 SEBASTIAN, FL		City & State 28 SEBASTIAN, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32958		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 32958		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WASILEWSKI, SUSAN
4305 IRIS ST. NORTH
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name	RICHARD E. LEWIS
82 Street Address (P.O. Box Number is Not Acceptable)	454 TUNISON LANE
83	
84 City	SEBASTIAN FL
85 Zip Code	32958

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 Richard E. Lewis Richard E. Lewis, President 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WASILEWSKI, SUSAN	1.2 NAME	LEWIS, RICHARD E.
STREET ADDRESS	4305 IRIS ST. NORTH	1.3 STREET ADDRESS	454 TUNISON LANE
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	V	2.1 TITLE	
NAME	LEWIS, RICHARD E	2.2 NAME	
STREET ADDRESS	454 TUNISON LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	WASILEWSKI, DONALD A	3.2 NAME	
STREET ADDRESS	4305 IRIS ST. N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #