## 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

## DOCUMENT # P9200009122

1. Corporation Name

2. Principal Place of Business

39340

City & State

22

SUNCOAST SHOPPER, INC.

Principal Place of Business	
1003 INDIANA AVE PALM HARBOR FL 34683	
l US	

TARRAMI SARINKS

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

1003 INDIANA AVE PALM HARBOR FL 34683

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90080 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

11/30/1992 4. FEI Number

59-3157836

23 TAR	PON SPRINGS FZ	28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	nt year Intangible	
24 3468	9 25 PINGLLAS	29	30	Personal Property Tax.	□Yes	ZNo
<u></u>	- 9. Name and Address of Current R	egistered Agent		10. Name and Address of New Re	gistered Agent	
REN	neke. Robert R	<del></del>	81 Name	BERT RENNEL		
111 PARKSIDE DR TARPON SPRINGS FL 34689			82 Street Addr	ess (P.O. Box Number is Not Acceptat	de)	
			83 3620	THARVARD DR.		
			" HOL	IDAY FL		
			84 City		FL 85 Zp C	ode
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	uthorized by the corporation	oration submits this statement for the p on's board of directors. I hereby accept	the appointment as regi	egistered
SIGNATURE	•					}
	Signature, typed or printed name of registered agent an		Registered Agent signature required		DATE	2C (N. 42
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTOR	Addition
TITLE	DPST	☐ DELETÉ	1.1 TITLE		☐ Change	☐ Addison (
NAME	renneke, robert r		1.2 NAME			
STREET ADDRESS	1003 INDIANA AVE		1.3 STREET ADDRESS			İ
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			ļ
CITY-ST-ZIP	_	÷	2. 4 CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			-
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
			6.2 NAME			
NAME			6.3 STREET ADDRESS			l
STREET ADDRESS			64 CITY-ST-ZIP			
CITY-ST-ZIP:	certify that the information supplied with	this filing does not qualify to		Section 119 07(3)(i) Florida Statutes I	further certify that the in	Iformation
indicated	on this annual report or supplemental ar	nnual report is true and accu	irate and that my signature	shall have the same legal effect as if ired by Chanter 607. Florida Statutes:	made under oath; that i	am an