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

FILED
Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90078 047 ***158.75

0570157

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P92000011893**

1. Corporation Name
FLORIDA SUNCOAST DESIGN AND DEVELOPMENT INC.

Principal Place of Business	Mailing Address
8325 SP A1A MELBOURNE BCH FL 32951 US	P O BOX 8006 VERO BCH FL 32963 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1992

2. Principal Place of Business	2a. Mailing Address
21 15300 GOLDEN POINT LN.	26 15300 Golden Point Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WELLINGTON FL.	City & State 28 Wellington, FLORIDA
Zip 24 33414 Country 25 U.S.	Zip 29 33414 Country 30 US

4. FEI Number: 59-3159322 ☐ 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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TSONAS, CHRISTOPHER D 3136 DOMINO DR HOLIDAY FL 34691	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 15300 GOLDEN POINT LANE 83 84 City WELLINGTON FL 85 Zip Code 33414

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 Christopher D Tsonas 4-12-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TSONAS, CHRISTOPHER D 8325 S HWY A1A MELBOURNE FL 32951	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 15300 GOLDEN POINT LANE WELLINGTON, FL. 33414	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS TSONAS, CYNTHIA 8325 S HWY A1A MELBOURNE BCH FL 32951	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 15300 GOLDEN POINT LANE WELLINGTON, FL 33414	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (11/98)

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: Christopher D Tsonas SIGNATURE REQUIRED 4-12-99 561-753-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #