

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

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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 # P92000011893

1. Corporation Name
FLORIDA SUNCOAST DESIGN AND DEVELOPMENT INC.



Principal Place of Business 8325 SP A1A MELBOURNE BCH FL 32951 US	Mailing Address P O BOX 8006 VERO BCH FL 32963 US
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DO NOT WRITE IN THIS SPACE

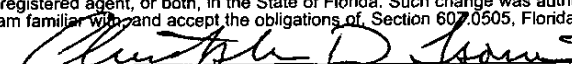
2. Principal Place of Business 21 15300 GOLDEN POINT LN Suite, Apt. #, etc. 22 City & State 23 WELLINGTON FL Zip 24 33414 Country 25 U.S.	2a. Mailing Address 26 15300 Golden Point Lane Suite, Apt. #, etc. 27 City & State 28 Wellington, FLORIDA Zip 29 33414 Country 30 US
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3. Date Incorporated or Qualified 12/15/1992	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	7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
TSONAS, CHRISTOPHER D
3136 DOMINO DR
HOLIDAY FL 34691

10. Name and Address of New Registered Agent 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
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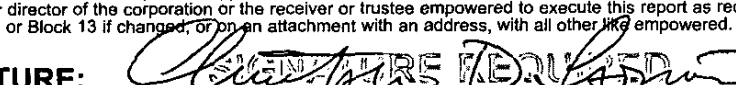
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  DATE 4-12-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P ☐ DELETE
NAME	TSONAS, CHRISTOPHER D
STREET ADDRESS	8325 S HWY A1A
CITY-ST-ZIP	MELBOURNE FL 32951
TITLE	VPS ☐ DELETE
NAME	TSONAS, CYNTHIA
STREET ADDRESS	8325 S HWY A1A
CITY-ST-ZIP	MELBOURNE BCH FL 32951
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	15300 GOLDEN POINT LANE
1.4 CITY-ST-ZIP	WELLINGTON, FL 33414
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	15300 GOLDEN POINT LANE
2.4 CITY-ST-ZIP	WELLINGTON, FL 33414
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 JRS empowered.

SIGNATURE:  DATE 4-12-99 DAYTIME PHONE # 561-753-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)