

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

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

04-26-1999 90077 039 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P92000012709

1. Corporation Name
SUNCOAST CAPITAL GROUP, INC.



| | |
|---|---|
| Principal Place of Business 200 E BROWARD BLVD STE 1125 FT LAUDERDALE FL 33301 US | Mailing Address 200 E BROWARD BLVD 1125 FT LAUDERDALE FL 33301 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 1751 West Cypress Creek Rd | 2a. Mailing Address 21 1751 West Cypress Creek Rd |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Ft Lauderdale FL | City & State 28 Ft Lauderdale FL |
| Zip 24 33309 | Zip 29 33309 |
| Country 25 USA | Country 30 USA |

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/17/1992 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 65-0375337 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent ZWICK, DAVID A 200 E BROWARD BLVD STE 1125 FT LAUDERDALE FL 33301 | |
|---|--|

| | |
|--|--------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name Zwick, David A | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1751 West Cypress Creek Rd | |
| 83 | |
| 84 City Ft Lauderdale | 85 Zip Code FL 33309 |

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]* **David A. Zwick VSTO** DATE **4/21/99**

| 12. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE VSTO | <input type="checkbox"/> DELETE |
| NAME ZWICK, DAVID | |
| STREET ADDRESS 200 E BROWARD BLVD STE 1125 | |
| CITY-ST-ZIP FT LAUDERDALE FL | |
| TITLE PD | <input type="checkbox"/> DELETE |
| NAME COHEN, TODD | |
| STREET ADDRESS 200 E BROWARD BLVD STE 1125 | |
| CITY-ST-ZIP FT LAUDERDALE FL | |
| TITLE VD | <input type="checkbox"/> DELETE |
| NAME COOPER, PETER | |
| STREET ADDRESS 200 EAST BROWARD BLVD SUITE 1125 | |
| CITY-ST-ZIP FT LAUDERDALE FL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE VSTO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME Zwick, David | |
| 1.3 STREET ADDRESS 1751 West Cypress Creek Rd | |
| 1.4 CITY-ST-ZIP Ft Lauderdale, FL 33309 | |
| 2.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME Cohen, Todd | |
| 2.3 STREET ADDRESS 1751 West Cypress Creek Rd | |
| 2.4 CITY-ST-ZIP Ft Lauderdale, FL 33309 | |
| 3.1 TITLE VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME Cooper, Peter | |
| 3.3 STREET ADDRESS 1751 West Cypress Creek Rd | |
| 3.4 CITY-ST-ZIP Ft Lauderdale, FL 33309 | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *[Signature]* **DAVID A. ZWICK** DATE **4/21/99** DAYTIME PHONE # **(954) 362-0330**

CR2E034 (11/98)