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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020752 (0)

SUNCOAST PREFERRED, INC.

Dring	inal Place	of Business			Anting Addre								a	
Principal Place of Business 7250 BENEVA ROAD SARASOTA FL 34238 US					Mailing Address P O BOX 19542 SARASOTA FL 34276-2542 US									
											Date Incorporated or Qualific 03/16/1993	ualified 3a. Date of Last Report 04/30/1996		
2. Principal Place of Business					2a. Mailing Address						FEI Number		Ar	oplied For
Sulte, Apt. #, etc.				26	26 Suite, Apt. #, etc.						65-0393329			ot Applicable
22			27	27					5.	Certificate of Status Desired			Additional equired	
City & State				City & State						6.	Election Campaign Financing	3	\$5.00	May Be
23				28	l <u>.</u>		·				Trust Fund Contribution			to Fees
_	Zip		Country	-	Zip I		Cou	ntry		8.	This corporation has liability		ble tax under s	199.032,
24			25 and Address of C	29 urrent Regi	stered Agen	1	30				Florida Statutes Name and Address of New			
·	CAINE	, SUSAN		arront riog.	ateroo Agen	·		81	Name	10.	Name and Address of New	rogiste	ou Ageill	···
7230 BENEVA ROAD							82	Stroot A	ddroce (f	O. Box Number is Not Acces	atabla)			
SARASOTA FL 34238									Sirect A		.O. DOX INDITIDEL IS TWO ACCO			
								83						
								84	City			E	85 Zip	Code
11. 7	ursuant to	the provisi	ions of Sections 607	7.0502 and	607.1508, Fic	orida Statut	es, the at)OVE	named o	orporatio	on submits this statement for th			ts registered
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 registere 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.													registered	
SIGN	IATURE _													
	<u> </u>	Signature, typod	or printed harne of register	ed agent and lif S AND DIRE		(NO1	F Registered	Age	ol signature re	·		TACE DO A		20 (N) 40
12.		VSD	OFFICER	3 741417 17141		DELETE	1.1 10	 It F	1-		ADDITIONS/CHANGES TO OF	ricens F	Change	Addition
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NAME			IEVA ROAD				4.2 N		ADDOCOD					
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CITY-S									1 - 71P					i

14. I do 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 a fallachinent with an address.

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611-421 11111

FILED

May 14 1997 8:00am

Secretary of State