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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020752 (0)

SUNCOAST PREFERRED, INC.

7250 BENEVA ROAD P O BOX 19542 SARASOTA FL 34238 SARASOTA FL 34233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0393329 Not Applicable 21 26 Sulte, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible **⊠** Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CAINE, SUSAN K 7230 BENEVA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34238 83 84 City 85 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VSD Addition TITLE DELETE 1.1 TITLE Change CAINE, SUSAN K. NAME 12 NAME 7230 BENEVA RD STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE CAINE, TEDSON M 2.2 NAME 7230 BENEVA RD STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Change Addition TITLE 31 TITLE CAINE, JULIA J NAME 3.2 NAME 7230 BENEVA RD STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE ☐ Change Addition TITLE 4.1 TITLE CAINE, THOMAS E 4. 2 NAME 7230 BENEVA ROAD STREET ADDRESS 4.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. Thereby 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 eath, 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

alia O Como

DELETE

Julia Ji Caine 4/17/98

941-0711-0153

Change

Addition

2E034 (10/97)

FILED

May 15 1998 8:00am

Secretary of State