SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021595 (2)

FILED
1995 MAY 31 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
SUNCOAST FINANCIAL SERVICES OF CLEARWATER, INC.

100001513411
-06/15/95--01024--006
DO NOT WRITE IN THIS SPACE ****225.00 ****225.00

Mailing Address	Principal Place of Business
~~1759 WINFIELD CIRCLE~~	~~1759 WINFIELD CIRCLE~~
~~CLEARWATER FL 34616~~	~~CLEARWATER FL 34616~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report:

2. Mailing Address	2a. Principal Place of Business
21 2110 Drew st	26 2110 Drew st
Suite, Apt. #, etc. 22 #7	Suite, Apt. #, etc. 27 #7
City & State 23 Clearwater FL	City & State 28 Clearwater FL
Zip 24 34625 County 25 Pinellas	29 34625 County 30 Pinellas

4. FEI Number: 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WATER RONALD C
1300 88TH AVE NORTH
ST PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name: Peter Makris
82 Street Address (P.O. Box Number is Not Acceptable): 2110 Drew St
83
84 City: Clearwater FL 85 34625

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: [signature] 4-1-95
Signature, typed or printed name of registered agent and title if agent is an officer — All Florida Registered Agents must be physically located in this state — Date

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN '95	
11 TITLE	D	11 TITLE	President P
12 NAME	~~SWARTS BRAD~~	12 NAME	Swarts, Gilbert, B
13 STREET ADDRESS	~~1759 WINFIELD CIRCLE~~	13 STREET ADDRESS	2110 Drew St. #7
14 CITY ST ZIP	~~CLEARWATER FL 34616~~	14 CITY ST ZIP	Clearwater, FL 34625
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	100001513411
32 NAME		32 NAME	-06/15/95--01024--007
33 STREET ADDRESS		33 STREET ADDRESS	****350.00 ****350.00
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	PRESIDENT 94 95
43 STREET ADDRESS		43 STREET ADDRESS	dss
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gilbert B Swarts Gilbert B. Swarts 8134468684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01D1051