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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064670 (1)**

1. Corporation Name
SUNCOAST INDUSTRIES ASSOCIATES, INC.

Principal Place of Business	Mailing Address
201 2ND AVENUE N. ST. PETERSBURG FL 33701	P. O. BOX 14517 ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1993	3a. Date of Last Report: 10/24/1994
4. FEI Number:	[ ] Applied For [X] 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21 4350 16th. AStreet N	26 641 Segovia Ct. NE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: St. Petersburg, FL	28 City & State: St. Petersburg, FL
24 Zip: 33714 25 County: Pinellas	29 Zip: 33703 30 County: Pinellas

9. Name and Address of Current Registered Agent

ESTEVA, HENRY
201 2ND AVENUE NORTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	SNELL, E. L.	12 NAME	
STREET ADDRESS	641 SEGOVIA COURT NORTHEAST	13 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33703	14 CITY ST ZIP	
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	SNELL, LORRAINE	22 NAME	
STREET ADDRESS	641 SEGOVIA COURT NORTHEAST	23 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33703	24 CITY ST ZIP	
TITLE	D	31 TITLE	[ ] Change [ ] Addition
NAME	ESTEVA, HENRY	32 NAME	
STREET ADDRESS	6170 7TH AVENUE NORTH	33 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33710	34 CITY ST ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. L. Snell E. L. Snell 3/28/95 (813) 526-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448284 FP