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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000072236

SUNCOAST COMMUNICATIONS, INC.

ı	
	Principal Place of Business
ĺ	681 S BLUFORD AVENUE OCOEE FL 34761
	l US

May 07, 1999 8:00 am Secretary of State

05-07-1999 90114 035 ***150.00



Principal Place	e of Business	Mailing Address				I imbiliadi ik h hahab kiki da hir ba hir dakir dekiri		DE IIII ELII (EEL	
681 S BLUFORD AVENUE P.O. BOX 86									
OCOEE FL 34761 US OCOEE FL 34761						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 10/18/1993			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	Applied For	
21	26					59-3214526	l N	lot Applicable	
Suite, Apt.	Suite, Apt. #, etc.	Apt. #, etc.			<u> </u>	\$8.75	Additional		
22		27				5. Certifcate of Status Desired		Required	
City & State	e	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year In	tangible		
24	25 29 30				Personal Property Tax.				
	9. Name and Address of Currer			10. Name and Address of New Registered Agent					
_				81 Name					
TEW	SON, RONALD J			82	Stroot Adde	ess (P.O. Box Number is Not Acceptable)			
1109	WINDSONG ROAD			02	Street Addre	ess (F.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32809			83	-				
				84	City		85 Zip	Code	
						FL	-		
office or t	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	l bv t	he corporatio	oration submits this statement for the purpose or on's board of directors. I hereby accept the appo	changing it intment as r	s registered egistered		
SIGNATURE									
	Signature, typed or printed name of registered age			Agent	signature required	d when reinstating) DATE	un nincot	ODC IN 12	
<u>12.</u>		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE	P	☐ DELETE	1.1 TD			President	[] Glange	. LJ Addition	
NAME	TEWSON, RONALD J		1.2 NA			Conald Tenson		ļ	
STREET ADDRESS	1109 WINDSONG ROAD		1		1 6	100 wondrony Rd.		ļ	
CITY-ST-ZIP	ORLANDO FL 32809	[] oc ste	_	TY-ST	-ZIP	2 Flands, FL 32809	Change	e	
TITLE		☐ DELETE	2.1 TT				☐ Criange	Addison	
NAME 1			2.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T) DELETE	_	TY-ST	r-ZiP		Change	Addition	
TITLE		☐ DELETE	31 TT						
NAME			32 N/		1000000			1	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. C	ITY-ST	1-ZIP		☐ Change	e	
TITLE		☐ <u>₽</u>	4.1 II 4.2 N						
NAME					ADODECO				
STREET ADDRESS					ADDRESS			J	
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CF	TY-ST	- 2119		☐ Change	e Addition	
TITLE		□ occess	5.1 II						
NAME			1		ADDRESS			ļ	
STREET ADDRESS				TY-ST)	
CITY-ST-ZIP		☐ DELETE	6.1 11	,	- 411		☐ Change	e Addition	
TITLE			6.2 N/		}		ب مارس		
NAME					ADDRESS			Į	
STREET ADDRESS				ncei.				ì	

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: