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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000008281 (5)

1. Corporation Name
SUNCOAST PRESS, INC.

Principal Place of Business

245 MAGNOLIA AVE.
142 S. COURTENAY PKWY.
MERRITT ISLAND FL 32952-4509
US

Mailing Address

142 S. COURTENAY PKWY.
SUITE A
MERRITT ISLAND FL 32952-4509
US



3. Date Incorporated or Qualified
02/02/1994

3a. Date of Last Report
02/15/1996

4. FEI Number

59-3227190

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees 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

21 142 S. Courtenay Pkwy

Suite, Apt. #, etc.

22

City & State

23 Merritt Island FL

Zip

24 32952-4509

Country

25 USA

2a. Mailing Address

26 142 S. Courtenay Pkwy

Suite, Apt. #, etc.

27

City & State

28 Merritt Island FL

Zip

29 32952-4509

Country

30 USA

9. Name and Address of Current Registered Agent

LOWTHER, JOCELYN E. P.A.
CAPE ROYAL BLDG.
SUITE #605
COCOA BEACH FL 32931

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BARNES, JOHN
STREET ADDRESS 15 S. ATLANTIC AVE., APT. 202
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME John Barnes
13 STREET ADDRESS 727 Wingfoot Lane
14 CITY-ST-ZIP Melbourne, FL 32940

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 a change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)