

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000027613 (6)**

1. Corporation Name
SUNCOAST HEALTH MAGAZINE, INC.



Principal Place of Business

Mailing Address

1501 LAUREL ST
STE 102
SARASOTA FL 34236
US

8305 9TH AVENUE TERRACE N.W.
BRADENTON FL 34209

3. Date Incorporated or Qualified
04/08/1994

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 **1501 Laurel St.**

26 **1501 Laurel St.**

22 **STE 102**

27 **STE 102**

23 **SARASOTA FL**

28 **SARASOTA, FL**

24 **34236**

25 **USA**

29 **34236**

30 **USA**

4. FET Number
65-0486944

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCEWAN, JOHN T
8305 9TH AVENUE TERRACE N.W.
BRADENTON FL 34209

81 Name **EDWARD C. CAMPBELL**

82 Street Address (P.O. Box Number is Not Acceptable)
1927 Rolling Green Circle

84 City **SARASOTA**

85 Zip Code **FL 34240**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE **EDWARD C. CAMPBELL P**

Edward C Campbell

1/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	P	<input checked="" type="checkbox"/> DELETE
12.2 NAME	MCEWAN, JOHN T.	
12.3 STREET ADDRESS	8305 NW 9 AVE	
12.4 CITY-STATE-ZIP	BRADENTON FL	
12.5 TITLE	OFFICER	<input checked="" type="checkbox"/> DELETE
12.6 NAME	CAMPBELL, EDWARD C.	
12.7 STREET ADDRESS	1927 ROLLING GREEN CIR	
12.8 CITY-STATE-ZIP	SARASOTA FL	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		

13.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	EDWARD C CAMPBELL	
13.3 STREET ADDRESS	1927 Rolling Green Circle	
13.4 CITY-STATE-ZIP	SARASOTA, FL 34240	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-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)(k), 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. I am an officer or director of the corporation or the registered trustee or trustee-in-power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if correct, or as an attachment with an address.

SIGNATURE: *Edward C Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD C. CAMPBELL

1/22/96 **(941)366-0588**
Date Date of Filing

CR2E034 (12/95)