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FILED

Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000027613 (6)

1. Corporation Name

~~SUNCOAST HEALTH MAGAZINE, INC.~~

EDLYN Associates Corporation N/C 2/9/98

Principal Place of Business

Mailing Address

1801 LAUREL ST
STE 102
SARASOTA FL 34236
US

1501 LAUREL ST.
SUITE 102
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1994

4. FEI 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4904 Old Oakleaf Drive

Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL

Zip

24 34233

Country

25 SARASOTA, USA

2a. Mailing Address

26 P.O. Box 2608

Suite, Apt. #, etc.

27

City & State

28 Sarasota, FL

Zip

29 34230

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CAMPBELL, EDWARD C.
1927 ROLLING GREEN CIRCLE
SARASOTA FL 34240

10. Name and Address of New Registered Agent

81 Name

CAMPBELL, EDWARD C.

82 Street Address (P.O. Box Number is Not Acceptable)

4904 OLD OAKLEAF DRIVE

83

84 City

SARASOTA

FL

85 Zip Code

34233

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

EDWARD C. CAMPBELL

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

(NOTE: Registered Agent signature required when reinstating)

4/13/98

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CAMPBELL, EDWARD C.
STREET ADDRESS 1927 ROLLING GREEN CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT & SECRETARY ☒ Change ☐ Addition

1.2 NAME EDWARD C. CAMPBELL
1.3 STREET ADDRESS 4904 OLD OAKLEAF DRIVE
1.4 CITY-ST-ZIP SARASOTA, FL 34233

2.1 TITLE VICE-PRESIDENT & TREASURER ☐ Change ☒ Addition

2.2 NAME CAROLYN D. CAMPBELL
2.3 STREET ADDRESS 4904 OLD OAKLEAF DRIVE
2.4 CITY-ST-ZIP SARASOTA, FL 34233

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600002496853
-04/22/98-01083-003
***150.00

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.

SIGNATURE

Edward C. Campbell

4/13/98

241-925-7088

CR2E034 (10/97)