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**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

2. Principal Place of Business 2a. Mailing Address
21 4904 Old Oakleaf Drive 26 P.O. Box 2608
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Sarasota, FL 28 Sarasota, FL
24 Zip 25 Country 29 Zip 30 Country
34233 Sarasota USA 34230 U.S.A.

3. Date Incorporated or Qualified
04/08/1994
4. FEI Number Applied For
65-0486944 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

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) DATE 4/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT & SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, EDWARD C.	1.2 NAME	EDWARD C. CAMPBELL
STREET ADDRESS	1927 ROLLING GREEN CIRCLE	1.3 STREET ADDRESS	4904 OLD OAKLEAF DRIVE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE		2.1 TITLE	VICE-PRESIDENT & TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CAROLYN D. CAMPBELL
STREET ADDRESS		2.3 STREET ADDRESS	4904 OLD OAKLEAF DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	600002496853 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/22/98-01083-003
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 DATE 4/13/98

CR2E034 (10/97)