

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000037953 (4)**

1. Corporation Name
SUNCOAST EAST NO. 4, INC.

Principal Place of Business 670 OPPENHEIM & ASSOCIATES 3191 CORAL WAY, STE. 800 MIAMI FL 33145	Mailing Address 670 OPPENHEIM & ASSOCIATES 3191 CORAL WAY, STE. 800 MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Arthur J. Furia Suite, Apt. #, etc. 2601 S. Bayshore 22 Suite 600 City & State 23 Miami, FL Zip 24 33133 Country 25 USA		2a. Mailing Address 26 c/o Arthur J. Furia Suite, Apt. #, etc. 2601 S. Bayshore 27 Suite 600 City & State 28 Miami, FL Zip 29 33133 Country 30 USA		3. Date Incorporated or Qualified 05/16/1994	
		4. FEI Number 65-0506534		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent OPPENHEIM, STEVEN P. 670 OPPENHEIM & ASSOCIATES 3191 CORAL WAY, STE. 800 MIAMI FL 33145				10. Name and Address of New Registered Agent 81 Name HKE&F REGISTERED AGENT CORP. 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive 83 Suite 600 84 City Miami 85 Zip Code FL 33133			
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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 *Arthur J. Furia, V.P.* **HKE&F REGISTERED AGENT CORP.** **4/23/98**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAMOLETTO, SERGIO			1.2 NAME	Arthur J. Furia		
STREET ADDRESS	3191 CORAL WAY, STE. 800			1.3 STREET ADDRESS	2601 S. Bayshore Drive		
CITY-ST-ZIP	MIAMI FL 33145			1.4 CITY-ST-ZIP	Suite 600		
					Miami, Florida 33133		
TITLE	DVPS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVA, ROBERTO			2.2 NAME			
STREET ADDRESS	3191 CORAL WAY, STE. 800			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33145			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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: **Arthur J. Furia, President** *Arthur J. Furia* **4/23/98** **(305) 859-7700**

CR2E034 (10/97)