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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # **P94000037971**

1. Corporation Name

SUNCOAST SOUTH NO. 2, INC.

Principal Place of Business

Mailing Address

6100 Glades Road
Suite 305
Boca Raton, FL 33434

same

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

Gerald Leshner, Esq.
Cooney, Ward, Leshner & Damon
1555 Palm Beach Lakes Boulevard, Ste 1000
West Palm Beach, FL 33401-2321

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Typed or printed name of registered agent and title (Applicable)

Typed or printed name of authorized officer and title (Applicable)

3-14-96

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

M. W. Milberg

STREET ADDRESS

6100 Glades Road, Suite 305

CITY, ST, ZIP

Boca Raton, FL 33434

TITLE

S

NAME

Betty J. Miller

STREET ADDRESS

6100 Glades Road, Suite 305

CITY, ST, ZIP

Boca Raton, FL 33434

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

500001751615
-03/20/96-01102-020
***200.00

SIGNATURE:

Betty J. Miller

Betty J. Miller

3-4-96

407/852-1688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)