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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-7/P



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000044321**

SUNCOAST BUSINESS COMMUNICATIONS, INC.

Principal Place of Business Mailing Address 605 NO. WASHINGTON BLVD. 605 NO. WASHINGTON BLVD. SARASOTA FL 34236 SARASOTA FL 34236-4241 3. Date Incorporated or Qualified 3a. Date of Last Report 05/31/1995 08/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3322937 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Ζip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name GRANGER, RICHARD 605 NO. WASHINGTON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE GRANGER, RICHARD 1.2 NAME NAME 605 NO. WASHINGTON BLVD. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-S1-ZIP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZIP CITY-S1-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** DITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME.

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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14. I do 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.

FILED Jan 31 1997 8:00am Secretary of State

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