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CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

DOCUMENT # SUNCOAST SOUVENIR, INC. P96000005098

ve, #109 65,12 14th st w, #13

CARASOTA FL 34247

3. Date Incorporated or Qualified 28. Mailing Address 26. 6512 14th stw., 4. FEI Number Field Ave, #109 Applied For Not Applicable 6314 /- Suite, Apt #, etc.#13 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country/number 30 Owner Country Country MANATEE 8. This corporation owes or has paid the current year Intangible 25 Aver in 129 34207

8. Name and Address of Current Registered Agent ☐ Yes Personal Property Tax due June 30. 0. Name and Address of New Registered Agent The Law Firm of Lawrence, J. Spriegel 82 ALMERIA AVE 83 FL 33134 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 for both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby adept the appointment as registered agent I am familiar with find arcon the dylingations of, Section 507.0505, Florida Statutes.

SIGNATURE

SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 11 TITLE Change TITLE ceusine 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - 7IP TITLE DELETE 2 1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREFT ADDRESS CITY-ST-ZIP 2. 4 CHTY-ST-ZIP DELETE Addition Channe TITLE 3.111111 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHTY-ST-ZIP DELETE Change ☐ Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP ☐ DELETE TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- ST- ZIP TITLE DELETE 6 1 THEE **00000250345** -04/28/98--01089--023 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00

14. Thereby 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 of suppliemental 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 of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpo Block 12 or Block 13 if charen

SIGNATURE:

941-756-7535