

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000018300 (9)

1. Corporation Name
SOLE MATES OF THE SUNCOAST, INC.



Principal Place of Business: **5006 TROUBLE CREEK ROAD, UNIT 127 NEW PORT RICHEY FL 34652**
 Mailing Address: **5006 TROUBLE CREEK ROAD, UNIT 127 NEW PORT RICHEY FL 34652-4937**

3. Date Incorporated or Qualified: **02/28/1996**
 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4549 Grand Blvd. Suite, Apt. #, etc.	26 4549 Grand Blvd. Suite, Apt. #, etc.	59-3366418	Not Applicable
22 City & State	27 City & State	6. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 New Port Richey, FL Zip Country	28 New Port Richey, FL Zip Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 34652	25 USA	29 34652	30 USA
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name: **Danielle B. Posner**
 82 Street Address (P.O. Box Number is Not Acceptable): **4549 Grand Blvd.**
 83
 84 City: **New Port Richey** **FL** 85 Zip Code: **34652**

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: **Danielle B. Posner, President**
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSNER, DANIELLE B	1.2 NAME	
STREET ADDRESS	5006 TROUBLE CREEK ROAD, UNIT 127	1.3 STREET ADDRESS	4549 Grand Blvd.
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	1.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROXELL, KEITH	2.2 NAME	Troxell, Tracy L.
STREET ADDRESS	5006 TROUBLE CREEK ROAD, UNIT 127	2.3 STREET ADDRESS	4549 Grand Blvd.
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP	New Port Richey, FL 34652
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Danielle B. Posner* **Danielle B. Posner** 4/11/97 813-845-6244

CR2E034 (9/96)