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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000019385

1. Corporation Name
SUNCOAST PACKAGING SYSTEMS, INC.



Principal Place of Business: 2700 - 67TH AVENUE SOUTH ST. PETERSBURG FL 33712
 Mailing Address: 2700 - 67TH AVENUE SOUTH ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 208 Beach Dr. N.E.		26 208 Beach Dr. N.E.		02/29/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 St. Petersburg, FL		28 St. Petersburg, FL		59-3367431	
24 33701		29 33701		5. Certificate of Status Desired	
25 Pinellas		30 Pinellas		<input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing	
24 Zip		29 Zip		<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution	
25 Country		30 Country		8. This corporation owes the current year Intangible Personal Property Tax.	
Pinellas		Pinellas		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAMBEAUX, STEVE 2700 - 67TH AVENUE SOUTH ST. PETERSBURG FL 33712				81 Name: Rambeaux, Steve			
				82 Street Address (P.O. Box Number is Not Acceptable): # 404			
				83			
				84 City: St. Petersburg FL 85 Zip Code: 33703			

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: Steve Rambeaux Steve Rambeaux - President 4/26/99
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMBEAUX, STEVE	1.2 NAME	
STREET ADDRESS	2700 - 67TH AVENUE SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HOOSE, JEFF	2.2 NAME	
STREET ADDRESS	8527 - 10TH AVENUE N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDENTON FL 34209	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, with all other like empowered.

SIGNATURE: Steve Rambeaux Steve Rambeaux 4/26/99 727-895-7904
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)