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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023717

SUN COAST WEB, INC.

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90016 028 ***150.00



CR2E034 (11/98)

Principal Place of Business Mailing Address						I TARTINAN IKO IBKID BITKI BOTKI BOTKI BOKIN PORIO IZONO IZITI ZODA ZIRIZ ZODA ZODK		
,								
1345 S MISSOL SUITE 119)nı	1345 S MISSOURI SUITE 119						
CLEARWATER F	FL 33756	CLEARWATEF FL 33756				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed 03/15/1996		
2. Principal P	lace of Business	2a. Mai	2a. Mailing Address			4. FEI Number	4	Applied For
21		26				59-3372547		vot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Certificate of Otalias Desired	Fee F	Required
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	_	Country		This corporation owes the current year in		
24	25	29		30		Personal Property Tax.	Yes	No
Name and Address of Current Registered Agent					N	10. Name and Address of New Registered	ı Agent	
PATEL, SANDIP I				81	Name			i
	BELLEAIR RD SUTIE 160		82 Street Ad			dress (P.O. Box Number is Not Acceptable)		
1	E 300							
	ARWATER FL 33764			83				
CLE	ANWAIEN PL 33/04			84	City		85 Zip	Code
		.Δ.			-	FI		
11. Pursuant	to the provisions of Sections 607.95	2 and 607 15	508, Florida Statutes	s, the above	e-named co	orporation submits this statement for the purpose of	it changing it bintment as r	:s registered registered
agent. I a	m familiar with, and accept the oblig	tions of, Sec	ion 607.0505, Florid	da Statutes		ation's board of directors. I hereby accept the appo	.1	
SIGNATURE	<u> </u>	TEV	t 11442	. PHIE	L	3	<u> २।।५५ </u>	
	Signature, typed or printed name of registered age		able. (NOTE: F	Registered Ager	nt signature requ	uired when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTO	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT ☐ Change	
TITLE	P ANDATTO MADE		C DELETE	1.1 TITLE			□ Change	
NAME	RANDAZZO, MARK	10		1.2 NAME				İ
STREET ADDRESS	1345 S MISSOURI #118-				ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 3375	<u>6</u>	D DELETE	1.4 CITY-S	T- ZIP		Change	e
TITLE			☐ DELETE	2.1 TITLE			□ change	, Addison
NAME				2.2 NAME		•		
STREET ADDRESS				2.3 STREE	[ł
CITY-ST-ZIP				2.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE			☐ DELETE	3.1 TITLE			change	
NAME				3.2 NAME				
STREET ADDRESS	-			3.3 STREE				
CITY-ST-ZIP			D DELETE	3.4. CITY-S	T-ZtP		☐ Change	e 🔲 Addition
TITLE			☐ DELETE	4.1 TITLE			спанує	, Lacondin
NAME				. 4.2 NAME				
STREET ADDRESS				4.3 STREE				
CITY-ST-ZIP			[] or: ===	4.4 CITY-S	T-ZIP		Chara	e ☐ Addition
TITLE			☐ DELETE	5.1 TITLE			Change	, CAGGGGII
NAME				5.2 NAME	- ADDOCAA			
STREET ADDRESS				5.3 STREE				
C(TY-ST-ZIP			DELETE	5.4 CITY-S 6.1 TITLE	1-219		☐ Change	e
TITLE			☐ DELETE	B			□ Change	,
NAME	,			6.2 NAME				,
STREET ADDRESS				6.3 STREE				
CITY-ST-ZIP	I	_		6.4 CITY-S	T-ZIP			

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 upplemental 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 an interpretation of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in but an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report or stofficer or director of the corporation Block 12 or Block 13 if changed, or

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

562-5266