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

PROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P96000037485 (5)

SUNCOAST TRANSPORTATION, INC.

Principal Place of Business Mailing Address 8966 TOWN CENTER BLVD SUITE 213 3956 TOWN CENTER BLVD SUITE 213 ORLANDO FL 32837-8118 ORLANDO FL 32837 3. Date incorporated or Qualified 3a. Date of Last Report 04/24/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zıp Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GONZALEZ, LUIS** 3956 TOWN CENTER BLVD SUITE 213 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32837 83 84 City 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 agree, and life if applicable (NOTE: Registored Agent signature required when reinstating). OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13, 96/6) PRESIDENT DETETE Change Addition TITLE 1.1.1010 LUIS GONZALEZ NAME 1.2 NAML TOWN CENTER BLYD STE 213 CR2E034 STREET ADDRESS 1.3 STREET ADDRESS 3956 1.4 CITY - \$1 - 21P CITY-ST-ZIP Change Addition DELETE TITLE 2.1 1111.1 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change \_\_\_ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition TITLE G.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CHTY - \$1 - 71P

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

SIGNATURE:

CITY-ST-ZIP

information indicated on this annual report or supply inertial 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 if the ecciver or trustee impowered 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 or an attachment with an oddress.

FILED

May 15 1997 8:00am

Secretary of State