## 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

DOCUMENT # P96000051578 (8)

SUEKIM, INC.

Principal Place of Business

Mailing Address

## FILED Jun 06 1997 8:00am Secretary of State



8945 FISHERMAN'S BAY DRIVE SARASOTA FL 34231		8945 FISHERMAN'S BAY DRIVE SARASOTA FL 34231-8655					
					3. Date Incorporated or Qualified 06/17/1996	3a. Date of Li	ast Report
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26		65-06-17947		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	30 Cou	untry	8. This corporation has liability for intangible tax under s. 199.032, florida Statutes Yes No		
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent			
	nnan, stephen g			81 Name	DENNIS F. HART		
1750 RINGLING BOULEVARD SARASOTA FL 34236				82 Street Ac	idress (P.O. Box Number is Not Acceptab	le)	
SAR			83	00 SINCLIAIR DR			
	_			84 City	ARAGOTA	FL 85	Zip Code 34240
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Florida Statut	tes the a	bove-named co		urpose of chang	ing its registered
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 of printed name of registered agent and title if applicable (NDTE: fit gistered Agent signature required when reinstating)  DATE							
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 7	ITLE		Cha	ange Addition S
NAME	Brannan, Stephen G		1.2 N	AME			18
STREET ADDRESS				TREET ADDRESS			اِ
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE			217	ITLE		∐ Cha	ange 🔲 Addition 🕻
NAME			2.2 N				
STREET ADDRESS	400 SINCLAIR DRIVE			TREET ADDRESS			
CITY-ST-ZIP			2. 4 ( 3.1 Ti	CITY - ST- ZIP		☐ Cha	ange Addition
NAME		C perceit	3.1 U			[_] 018	inge [_] Addition
STREET ADDRESS			1	TREET ADDRESS			
CITY-ST-ZIP			•	CITY-ST-ZIP			
TITLE		DELETE	4.1 (			☐ Cha	inge Addition
NAME			4.21	IAME			, _
STREET ADDRESS			4.3 S	TREE1 ADDRESS			
CITY-ST-ZIP			4.4 C	11Y-ST-ZIP			
TITLE		☐ DELETE	5.1 %	TLE		Cha	inge Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	TREE1 ADDRESS			
CITY-ST-ZIP	1			ITY-ST-ZIP			
TITLE		DELETE	6.1 T	* *		☐ Cha	unge   Addition
NAME			6.2 N				
STREET ADORESS				TREET ADDRESS			
CITY-ST-ZIP			6.4 C	ITY - 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)(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 convoration 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.