

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

FILED

Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000068567 (2)**

1. Corporation Name

SUNCOAST LEISURE ENTERPRISES, INC.



Principal Place of Business 501 SOUTH FALKENBURG ROAD, UNIT E-17 TAMPA FL 33619	Mailing Address 501 SOUTH FALKENBURG ROAD, UNIT E-17 TAMPA FL 33619-9039
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2. Principal Place of Business 501 South Falkenburg Rd	2a. Mailing Address SAME	3. Date Incorporated or Qualified 08/16/1996	3a. Date of Last Report NA
21. Suite, Apt. #, etc. Suite D-21	26. Suite, Apt. #, etc. SAME	4. FEI Number 59-3407144	Applied For <input type="checkbox"/> Not Applicable
22. City & State Tampa Florida	27. City & State SAME	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 33619	28. Zip SAME	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country Hillsborough	29. Country SAME	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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: _____ (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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONACHINO, TROY A		1.2 NAME	
STREET ADDRESS 501 SOUTH FALKENBURG ROAD, UNIT E-17		1.3 STREET ADDRESS	SAME
CITY - ST - ZIP TAMPA FL 33619		1.4 CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATKINSON, TERRY V		2.2 NAME	
STREET ADDRESS 501 SOUTH FALKENBURG ROAD, UNIT E-17		2.3 STREET ADDRESS	SAME
CITY - ST - ZIP TAMPA FL 33619		2.4 CITY - ST - ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATKINSON, KAREN L		3.2 NAME	
STREET ADDRESS 501 SOUTH FALKENBURG ROAD, UNIT E-17		3.3 STREET ADDRESS	SAME
CITY - ST - ZIP TAMPA FL 33619		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)(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 on an attachment with an address.

SIGNATURE: **TERRY V. ATKINSON** DATE: **2/26/97** (813) 689-5545

CR2E034 (9/96)