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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090040 (2)

SUNCOAST SOLAR, INC.

FILED Apr 22 1998 8:00am Secretary of State



Dringing! Ding	of Duringe	A 2.4				<u> </u>
Principal f'lace of Businoss Mailing Address 47 NE SIXTEEN TERRACE 47 NE SIXTEEN TERRACE						
STAURT FL 3		47 NE SIXTEEN TERRAC STAURT FL 34994	t		İ	
			••		DO NOT WRITE IN THIS SPACE	
	2				3. Date Incorporated or Qualified 11/01/1996	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied For
21	- <u>-</u>	[26]			65-0710483	Not Applicable
Suite, Apt #, etc Suite, Apt #, etc 22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	mark to the patient of the	28			Trust Fund Contribution	Added to Fees
Z(p	Country	- Ζφ :::1	Country	,	8. This corporation owes or has paid the c	
24	25 9. Name and Address of Curre	29 ant Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
LIC NO.	GUINN, BRUCE	ur uodiaroron wherit	81	Name	10. Name and Address of New Registere	3 Agent
3306 NE SUGARHILL AVENUE						
JENSEN BEACH FL 34957			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
JE1	HOEN DEMON FL 3480/		83			
}			65			
			84	City	P***	85 Zip Code
44 Physosoph	12 at	00 2.5 6074600 16554 003		l	F I	
office or r	egistered agent, or both, in the State	uz and 607.1508, Horida Statut ∈of Florida. Such change was i	es, the above authorized b	e-named co / the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered oppintment as registered
agent. La	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statute	3.	, , , , , , , , , , , , , , , , , , , ,	,
SIGNATURE	·					
12.	Stignation, typed or product name of registers diagrams	ID DIRECTORS (NOT	₹ fir gistered Age	ent signature req	pulred when reinstating) DATE	ID DIDEOTODO (1) 40
TITLE	PT	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	BUCKINGHAM, ROBERT		1 2 NAME			CT custile CT vacuitori
STREET ADDRESS	47 NE 16 TERR			***************************************		
	STUART FL		1.3 STHEFT	1		
CITY-ST-ZIP TITLE	3	DELLTE	1.4 C(TY - S 2.1 T(L)	1 - ZIP		Change Addition
NAME	MCGUINN, E					Change Ly Addition
STREET ADDRESS	3308 NE SUGARHILL AVE		2.2 NAME			
	JENSEN BCH FL		2.3 \$1REFT			
CITY-ST-ZIP TITLE	VENUEN DON'TE	DELETE	2. 4 CITY - 1 3.1 THEF	ST - ZIP		Change Addition
NAME						☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME	10000100		
1 1			3.3 STREE 1			
CITY-S1-7IF		DELETE	3.4. CITY - : 4.1 TITLE	51 - ZIP		Change Addition
NAME		E Detteil				FT Change FT Woodfield
STREET ADDRESS			4. 2 NAME	4000140		
			4 3 STREET			
CHTY-ST-7IP TITLE		DELETE	44 CITY - S 5.1 THLE	1-712		Change Addition
NAME		F" DECEME				CHANGE CHARGING
1			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-S1-ZIP		DOLLETE	5.4 CITY-S	1-ZIP		
TITLE		□ UERFIE	6.1 TITLE	Ì		Change Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 \$1REET			
CITY-ST-ZIP			64 CITY-S			
14. 1 hereby c	entity that the information supplied w	ath this filion does not qualify to	or the exemn	tion stated in	in Section 119 07/3\/ii) Florida Statutos, Liturthor o	portification the information

14. 1 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 frustee 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 oddess.

SIGNATURE:

Kalon A

2___

<u>~</u>

4/14/98 561 286218