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 # P96000098276 (4)

FILED Apr 29 1997 8:00am Secretary of State

SUNCOAST EDUCATIONAL SERVICES, INC. Principal Place of Business Mailing Address 2102 SUMMIT WAY PALM HARBOR FL 34684 PALM HARBOR FL 34684			-1772			
				3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last	Report
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26 P.O. BOX	2258	59-3423574		ot Applicable
Suite, Ap	it #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & St	ate	28 Palm Har	bor, FL	6. Election Campaign Financing Trust Fund Contribution		D May Be I to Fees
Ziρ	Country	Zip	Country	8. This corporation has liability for in	tangible tax under	
24	g. Name and Address of 0	29 34682	30 Pinellas	Florida Statutes 10. Name and Address of New Reg	Yes No	
PAI	22 SUMMIT WAY LM HARBOR FL 34684 It to the provisions of Sections 6	07.0502 and 607.1508, Florida Stat	83 84 City	dress (P.O. Box Number is Not Acceptable	FL 65 Zip) Code its registered
office o agent 1	r registered agent, or both, in the am familiar with, and accept the	e State of Florida. Such change was a obligations of, Section 607.0505, l	s authorized by the corpora Florida Statutes.	rporation submits this statement for the pu ation's board of directors. I hereby accept	the appointment a	is registered
office o agent I SIGNATURE			s authorized by the corpora Florida Statutes. OTE Registered Agent alginature radio		the appointment a	s registered
SIGNATURE	Standing typed or prailed name of regist OFFICE	tered agent and tille if applicable (Ni RS AND DIRECTORS	OTE: Registered Agent signature requ		DATE RS AND DIRECTO	DRS IN 12
SIGNATURE 12. III.E	Signar re-typed or ptulled name of regist OFFICEI	tered agon and tile if applicable (Ni	OTE Registered Agent signature requ	uired when reinslating)	DATE	DRS IN 12
SIGNATURE 12. TILE NAME	Signs: re-typed or ptulled name of regis OFFICEI D GUERIN, SANDRA I	tered agent and tille if applicable (Ni RS AND DIRECTORS	OTE Registered Agent algnature required. 13. 1.1 TiTLE 1.2 NAME	uired when reinslating)	DATE RS AND DIRECTO	DRS IN 12
SIGNATURE 12. TILE NAME SIREELADDRESS	Signar on typed or platted name of regist OFFICEI D GUERIN, SANDRA I P.O. BOX 2258	letred agont and tille if applicable (Ni RS AND DIRECTORS DELETE	OTE Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinslating)	DATE RS AND DIRECTO	DRS IN 12
SIGNATURE 12. TILE NAME	Signs: re-typed or ptulled name of regis OFFICEI D GUERIN, SANDRA I	letred agont and tille if applicable (Ni RS AND DIRECTORS DELETE	OTE Registered Agent algnature required. 13. 1.1 TiTLE 1.2 NAME	uired when reinslating)	DATE RS AND DIRECTO	DRS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP	Signar on typed or platted name of regist OFFICEI D GUERIN, SANDRA I P.O. BOX 2258	lered agent and tille if applicable (Ni RS AND DIRECTORS DELETE	OTE Registered Agent algnature requ 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	uired when reinslating)	DATE RS AND DIRECTO Change	DRS IN 12
SIGNATURE 12. TILE NAME SIREELADORESE CITY-ST-ZIP TITLE NAME S'HEELADORESE	Signal re-typed or platted name of regist OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34682	lered agent and tille if applicable (Ni RS AND DIRECTORS DELETE	OTE Registered Agent algusture required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SY-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinslating)	DATE RS AND DIRECTO Change	DRS IN 12
SIGNATURE 12. TILE NAME SIREELADORESE CITY-ST-ZP NAME S'HEELADORESE CITY-ST-ZP	Signal re-typed or platted name of regist OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34682	lered agont and the it epiphcable (Ni RS AND DIRECTORS DELETE	OTE Registered Agent algnature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TILE NAME SIRELADORESE CITY-ST-ZIP TITLE NAME S'REELADORESE S'REELADORESE	Signal re-typed or platted name of regist OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34682	lered agent and tille if applicable (Ni RS AND DIRECTORS DELETE	OTE Registered Agent algusture required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SY-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinslating)	DATE RS AND DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE 12. TILE NAME SIRELADORSS CITY-ST-ZIP TITLE STHEELADORESS CITY-ST-ZIP TITLE THEELADORESS CITY-ST-ZIP TITLE	Signs: re-typed or plutted name of regis OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34682	lered agont and the it epiphcable (Ni RS AND DIRECTORS DELETE	OTE Registered Agent alguature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TILE NAME SIREELADORESE CITY-ST-ZIP TITLE NAME S'HEELADORESE CITY-ST-ZIP TITLE NAME	Signs: re-typed or plutted name of regis OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34682	lered agont and the it applicable (Ni RS AND DIRECTORS DELETE DELETE DELETE	OTE Registered Agent algnature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. THE NAME SIREELADDRESS OITY-ST-ZIP THE NAME STREELADDRESS OITY-ST-ZIP THRE NAME SIREELADDRESS OITY-ST-ZIP THRE SIREELADDRESS OITY-ST-ZIP THRE	Signs: re-typed or plutted name of regis OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34682	lered agont and the it epiphcable (Ni RS AND DIRECTORS DELETE	OTE Registered Agent aignature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	Change	DRS IN 12 Addition Addition
SIGNATURE 12. THE NAME SIREELADDRESS CITY-ST-ZIP THE NAME STREELADDRESS CITY-ST-ZIP THE SIREELADDRESS CITY-ST-ZIP THE NAME SIREELADDRESS CITY-ST-ZIP THE NAME	Signs or typed or platted name of regist OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34882	lered agont and the it applicable (Ni RS AND DIRECTORS DELETE DELETE DELETE	OTE Registered Agent aignature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS STREELADDRESS	Signs or typed or platted name of regist OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34882	lered agont and the it applicable (Ni RS AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS COTY-ST-ZIP TITLE NAME STREELADDRESS COTY-ST-ZIP	Signs or typed or platted name of regist OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34882	Intered agont and the it applicable (Ni RS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME SIREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE CITY-ST-ZIP TITLE TITLE	Signs or typed or platted name of regist OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34882	lered agont and the it applicable (Ni RS AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TILE NAME SIREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE CITY-ST-ZIP	Signar on typed or platfold name of regis OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34882	Intered agont and the it applicable (Ni RS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME SIREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE COY-ST-ZIP TITLE NAME	Signar on typed or platfold name of regis OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34882	Intered agont and the it applicable (Ni RS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	Change	DRS IN 12 Addition Addition Addition
SIGNATURE 12. TILE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signar on typed or platfold name of regis OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34882	Intered agont and the it applicable (Ni RS AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	Change	DRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. THE NAME SIREELADORESE CHY-ST-ZIP THE NAME STREELADORESE CHY-ST-ZIP	Signar on typed or platfold name of regis OFFICEI D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34882	Intered agont and tille if applicable (Ni RS AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	Change	DRS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME SIREELADORESE CITY-ST-ZIP TITLE NAME STREELADORESE CITY-ST-ZIP TITLE	Signar or typed or platfold name of regis OFFICE! D GUERIN, SANDRA I P.O. BOX 2258 PALM HARBOR FL 34882	Intered agont and tille if applicable (Ni RS AND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	uired when reinalating) ADDITIONS/CHANGES TO OFFICE	Change	DRS IN 12 Addition Addition Addition Addition

4. 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

197 813-789-4994

Daytime Phone # 0009063