

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000062782 (2)**

1. Corporation Name

SUNCOAST CAPITAL MARKETS, INC.

Principal Place of Business

**200 EAST BROWARD BLVD SUITE 1125
FORT LAUDERDALE FL 33301**

Mailing Address

**200 EAST BROWARD BLVD SUITE 1125
FORT LAUDERDALE FL 33301**

FILED

98 NOV -6 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

07/21/1997

4. FEI Number

65-0768371

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PAIGE, KAREN
200 EAST BROWARD BLVD SUITE 1125
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Ste 1125

84 City

Ft Lauderdale

FL

85 Zip Code

33301

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 **David Zwick Vice President**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

11/2/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **PAIGE, KAREN**
STREET ADDRESS **200 EAST BROWARD BLVD SUITE 1125**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☐ DELETE
NAME **COHEN, TODD**
STREET ADDRESS **200 EAST BROWARD BLVD SUITE 1125**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☐ DELETE
NAME **ZWICK, DAVID**
STREET ADDRESS **200 EAST BROWARD BLVD SUITE 1125**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **300002687533-3**
1.3 STREET ADDRESS **-11/16/98-01002-003**
1.4 CITY-ST-ZIP ******758.75 ****758.75**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Cohen, Todd**
2.3 STREET ADDRESS **200 E. Broward Blvd Ste 1125**
2.4 CITY-ST-ZIP **Ft Lauderdale, FL 33301**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Zwick, David**
3.3 STREET ADDRESS **200 E. Broward Blvd Ste 1125**
3.4 CITY-ST-ZIP **Ft Lauderdale, FL 33301**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Catherine Bezzina**
4.3 STREET ADDRESS **200 E. Broward Blvd Ste 1125**
4.4 CITY-ST-ZIP **Ft Lauderdale, FL 33301**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, upon an attachment with an address.

SIGNATURE **David Zwick** **SIGNATURE REQUIRED**

Signature, typed or printed name of signing officer or director

11/2/98

Date

(954) 356-0336

Daytime Phone #

0087612

CR2E034 (5/98)