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

PROFIT CORPORATION ; ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074936

1. Corporation Name

SUNCOAST EQUITY MANAGEMENT, INC.

rildu									
Feb 21, 1999 8:00 am									
Secretary of State									
02-21-1999 90047 005 ***150.00									

DII DD

Principal Place	e of Business	Mailing Address				יינוסט ויינסט וווער יווער יווער שון ומפוועטו ו		
7451 BONAVENTURE DRIVE 7451 BONAVENTURE DRIVE								
TAMPA FC 93607 TAMPA FL 33607						DO NOT WRITE IN THIS	SPACE	
14502 North Dale Makey 14502 North Dale Mal						3. Date Incorporated or Qualifed		
Suite 200 Suite 200 Tampa FL 33618						08/28/1997		
Tompa Ft 33618 Tompa Ft 33 2. Principal Place of Business 2a. Mailing Address						4. FEI Number	TA	pplied For
21 26						59-3464224	-+	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						· ·	\$8.75	Additional
27						5. Certifcate of Status Desired	Fee F	Required
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year Int	_	
24	25		30			Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Current	Registered Agent		31	Name	10. Name and Address of New Registered	Agent	
WAI.	DED IVNNE		['	"	Name			
WALDER, LYNNE 777 SOUTH HARBOR ISLAND BLVD.				32	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	E 175		ļ.	33				
	PA FL 33602			"		·		
17.041	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			34	City	FL	85 Zip	Code
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized i da Statut	oy ti es.	he corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoinment of the purpose of when reinstating)	ntment as r	egistered
12,	OFFICERS AND		13.		<u> </u>	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	Ē			☐ Change	Addition
NAME	JOWDY, DONALD R		1.2 NAM	E		_		Ì
STREET ADORESS	7451 BONAVENTURE DRIVE		1.3 STR	EET A	ADDRESS	•		
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY	-\$T-	ZIP		_	
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	e ☐ Addition
NAME	Karam, Fred C		2.2 NAM	E				Į
STREET ADDRESS	4 FAIRFIELD COURT		2.3 STR	EET/	ADDRESS			}
CITY-ST-ZIP	DANBURY CT 06811		2. 4 CIT	/•ST	-ZIP			
HILE		☐ OELETE	3 1 1111	E		, 14 m 14 m	Change	☐ Addition (
NAME			3.2 NAM	Ε		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
STREET ADDRESS			3.3 STR	EET /	ADDRESS			ŧ
CITY-ST-ZIP			3.4. CIT	_	-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITL	_	ĺ		[_] Change	Addition
NAME			4. 2 NAA		}			}
STREET ADDRESS					ADDRESS	1988年 - 大田大学 * 野野中川大学	• ! • .	
CITY-ST-ZIP		☐ DELETE	4.4 CITY		ZIP		Change	. f ☐ Addition
TITLE		□ DETE IE	5.1 TITL 5.2 NAM			AND THE TAKE MEN'N	. [:] Gridingo	, [],,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			4		ADDRESS			
STREET ADDRESS			5.4 CITY		ļ			}
CITY-ST-ZIP		DELETE	6.1 TITL				Change	Addition
NAME			6.2 NAM	E				_
- C-GAIC		•			ADDRESS			ì

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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: