## 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 # P9700081818 (1)

## FILED Apr 22 1998 8:00am Secretary of State

SUNCOAST REPRESENTATIVES, INC.					
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			,		
'	e of Business	Mailing Address			
1520 N.E. 32ND STREET 1520 N.E. 32ND STREET FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334			l		
THE SHOPPING TE GOOD			•	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	,
				09/22/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	# ato	Suite, Apt. #, etc.		65-0786295	Not Applicable
22	w, 6(c.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29 3	0	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
	OUTURE, MICHEL		81 Name		
1520 N.E. 32ND STREET FT. LAUDERDALE FL 33334			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
F1.	LAUDERDALE FL 33334		83		
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-name					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both the 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 the state of Florida Statules.					
SIGNATURE	Mossia	$\Rightarrow \langle$		04/1	5/98
	Signature, typed or limited harne in rugir tered actor		Registered Agent signature requi		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12  Change Addition
NAME	BUSSIERES, RENE		1.1 OILE 1.2 NAME		CLOUGHTE CLYDDUOII
STREET ADDRESS	1520 N.E. 32ND STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		1.4 City-St-Zip		,
TITLE	J 1 1	DELETE	2.1 TITLE		Change Addition
NAME	MicHel Conture.	. 1.	2 2 NAME		
STREET ADDRESS	1520 N.E. 32NAS	treet,	23 STREET ADDRESS		
CITY-ST-ZIP	Ft. Landudale F	1 33334	2 4 CHY-ST-ZIP		
TITLE		□ DELETE	3.1 TITLE		Change  Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CATY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		[_] octor	4.2 NAME		C change C Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<del></del>	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 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 received or trusted 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 applicable of the corporation of the corpor

outlistes

9526-802-8527