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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90051 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000037519

1. Corporation Name
SUNCOAST RESORT HOTEL, INC.



Principal Place of Business
 2200 SOUTH SHORE DR. S.E.
 ST. PETERSBURG FL 33705

Mailing Address
 2200 SOUTH SHORE DR. S.E.
 ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 3000 34th ST. S
 Suite, Apt. #, etc.
 22
 City & State
 23 ST. PETERSBURG FL
 Zip Country
 24 33711 25 Country
 29 33711 30

2a. Mailing Address
 26 3000 34th ST. S
 Suite, Apt. #, etc.
 27
 City & State
 28 ST. PETERSBURG FL
 Zip Country

3. Date Incorporated or Qualified
 04/27/1998

4. FEI Number
 59-3509224 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SCHAUER, DAVID
 321 22ND AVE. S.E.
 ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name
 THOMAS W. KIPLE
 82 Street Address (P.O. Box Number is Not Acceptable)
 2200 South Shore Dr. SE
 83
 84 City
 ST. PETERSBURG FL 85 Zip Code
 33705

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 *Thomas W. Kiple*

3-30-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
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| TITLE | <input type="checkbox"/> DELETE |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | LESTER L. WOLFF |
| 1.3 STREET ADDRESS | 414 22ND AVE SE |
| 1.4 CITY-ST-ZIP | ST. PETERSBURG FL 33705 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | THOMAS W. KIPLE |
| 2.3 STREET ADDRESS | 2200 South Shore Dr SE |
| 2.4 CITY-ST-ZIP | ST PETERSBURG FL 33705 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | T/S GLENNON J. RIFFIGNANI |
| 3.3 STREET ADDRESS | 3000 34th ST S. Suite 350 |
| 3.4 CITY-ST-ZIP | ST PETERSBURG FL 33711 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glennon J. Riffignani*

3/30/99

727-867-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)