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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1997 DOCUMENT # S37711 (6)SUNCOAST FOODS, INC. Principal Place of Business Mailing Address 1283 BENEVA ROAD S 1283 BENEVA RD S. SARASOTA FL 34323 SARASOTA FL 34232 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1991 03/29/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0253254 26 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032. Yes No 30 Florida Statutes 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name MOORE, JOHN L. 200 S ORANGE AVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) Signature, typicolor printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition 1.1 THEE THE STEPHEN PALKA NAME 1.2 NAME 4025 CRACKEHO LK BLVD. 1283 Beneva Rd.S Beneva Rd. S. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY - ST-ZIP CHY-ST-ZIE DELETE Change Addition 2.1 101.€ TITLE 2.2 NAME NAMI STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - \$1 - 20 DELETE Change Addition 31 TITUE THLE 32 NALÆ NAME 3.3 STRIET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CHY-ST-ZIF DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRÉSS CITY - ST - ZiP 4.4 CITY ST-ZIP DELETE Change Addition 5.1 TITLE THE 5 2 NAM NAME 5 3 STREET ADDRESS STREET ADDRESS CITY: ST-ZIF 5.4 CITY ST-ZIP Tille ■ DELETE 6.1 TITUE Change Addition 6.2 NAMI NAMÉ STREET ADDRESS 6.3 STREET ADDRESS CITY - S1 - ZIP 6.4 City - ST-ZIP

14. I do hereby certify that the information supplied with this filling 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

**FILED** 

May 05 1997 8:00am