FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # S49436 1. Corporation Name S49436 FLORIDA SUN COAST GROUP, INC.

FILED
Apr 14 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address				a samtemen eit demek satet onlad jitte meit milist di	Dis Genet Aldit Bidit bibit fabl
10715 SW 104 ST 10715 SW 104 ST MIAMI FL 33176 US US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				04/25/1991	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0263055	Not Applicable
Suite, Apt. 22 /070	*, etc. 25 5 W/0457	Suite, Apt. #, etc.	U 1045T	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30	This corporation owes or has paid the corporate Personal Property Tax due June 30.	Yes No
[9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
O'DONALD, BURTON 10715 SW 104 ST 2ND FLOOR DECEPT MIAMI FL 33176			82 Street Addr / 0 7 83 84 City	ess (P.O. Box Number is Not Acceptable)	85 Zip Code
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both. In the State m familiar with, and accept the oblig	e of Florida. Such change was au gations of, Section 607.0505, Flor	thorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered oppointment as registered
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE		Change Addition
NAME	COHEN, SANFORD H		1.2 NAME		
STREET ADDRESS	9705 SW 133RD CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	O'DONALD, BURTON		2.2 NAME		
STREET ADDRESS	10021 SW 1452 ST		2.3 STREET ADORESS		
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		Cliande Clyaquion
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		

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 fursusee 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.

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

name Street address

TITLE

NAME

4/9/98 (315)595-5942

Change

Change

☐ Addition

Addition