

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90141 013 ***158.75

DOCUMENT # S51904

1. Corporation Name
SUNCOAST DIGITAL TECHNOLOGY, INC.

Principal Place of Business

2310 TALL PINES DR
SUITE 240
LARGO FL 33771
US

Mailing Address

2310 TALL PINES DR
SUITE 240
LARGO FL 33771
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1991

4. FEI Number

59-3065397

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

KNUPKE, PAUL E
2310 TALL PINES DR
SUITE 240
LARGO FL 33771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KNUPKE, PAUL E
STREET ADDRESS 2310 TALL PINES DR STE 240
CITY-ST-ZIP LARGO FL

TITLE VSD ☐ DELETE

NAME FRANGIONE, JOSEPH M
STREET ADDRESS 2310 TALL PINES DR STE 240
CITY-ST-ZIP LARGO FL

TITLE CTD ☐ DELETE

NAME KALMUS, CHRISTOPHER E
STREET ADDRESS 120 E OGDEN AVE #200
CITY-ST-ZIP HINSDALE IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VTD ☒ Change ☐ Addition

12 NAME KNUPKE, PAUL E.
13 STREET ADDRESS 2310 TALL PINES DR., STE 240
14 CITY-ST-ZIP LARGO, FL 33771

2.1 TITLE PSD ☒ Change ☐ Addition

22 NAME FRANGIONE, JOSEPH M.
23 STREET ADDRESS 2310 TALL PINES DR., STE 240
2.4 CITY-ST-ZIP LARGO, FL 33771

3.1 TITLE CD ☒ Change ☐ Addition

3.2 NAME KALMUS, CHRISTOPHER E.
3.3 STREET ADDRESS 120 E. OGDEN AVE, STE 200
3.4 CITY-ST-ZIP HINSDALE, IL 60521

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Paul E. Knupke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999 727-531-6900

Date

Daytime Phone #

CR2E034 (11/98)

04-20063