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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

SAME

DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

V47499

Mailing Address

SUN COAST VIDED TAMPA, INC.

12995 PARK BLVD DO NOT WRITE IN THIS SPACE SEMINOLE 3. Date Incorporated or Qualified 06/04/91 33776 06/04/ 4. FEI Number 2a. Mailing Address Applied For 59 - 3/3//*5*3 26 Not Applicable Suite Apt #, etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žφ Country 8. This corporation owes or has paid the current year Intangible 30 29 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROBERT ROWLINGS ROBERT 82 Street Address (P.O. Box Number is Not Acc UNIT # 5/2 ENDIAN SHORES 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. Thereby accept the appointment as registered agent. I am farm month, and accept the observance of Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change TOLE PRES. 11TILE PRES MOON RUSSELL WECK ROCK A. NAME 1.2 NAME 19111 VISTA BAY OR 2506 LAKE EUSN CIR. STREET ADDRESS 1.3 STREET ADDRESS TNOIAN SHORES, FL TAMPA EL 33618 C(TY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE SEC. ☐ Change ☐ Addition 2.1 1ITLE LESLIE LUECK NAME 2.2 NAME 2506 LAKE ELLEN CIR STREET ADDRESS 2 3 STREET ADDRESS TAMPA PL 33618 2 4 CITY - \$1 - ZIP ROBERT -ROWLINGS DIE Channe TITLE TREAS 3 5 7/11 Addition NAME 3.2 NAME 19111 UISTA BAY OR #512 STREET ADDRESS 3 3 STREET ADDRESS INDIAN SHORES FL 33785 CITY - ST - 7:F 3.4 CITY - ST - ZIP TITLE 4 1 TITLE Change ☐ Addition

600002472956 -03/31/98--01019--030 6 4 CITY - ST - 7IP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.000 Actions Indicated on this amount report or suppliemental amount report is frue and accurate and that my signature shall have the same legal effect as if made under eath; 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

4 2 NAME

5.1 TOLE

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☐ DELETE

DELETE

4.3 STREET ADDRESS

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ROBERT

FILED

Mar 27 1998 8:00am

Secretary of State

Change

Change

☐ Addition

CR2E034 (10/97