

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V49860** (2)

1. Corporation Name
SUNCOAST EQUIPMENT GROUP, INC.



Principal Place of Business: **801 WINDERMERE BLVD. INVERNESS FL 34453 US**
Mailing Address: **801 WINDERMERE BLVD. INVERNESS FL 34453 US**

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **07/10/1992** 3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-3140549** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SUGGS, RICK A.
801 WINDERMERE BLVD.
INVERNESS FL 34450**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: _____ DATE: _____
Signature type for principal place of registered agent and the agent's name (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: D SUGGS, RICK A.	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 502 TURNER CAMP ROAD		1.2 NAME:	
12.3 CITY-ST-ZIP: INVERNESS FL		1.3 STREET ADDRESS:	
12.4 TITLE:	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP: 34450	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME:		2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS:		2.2 NAME:	
12.7 CITY-ST-ZIP:		2.3 STREET ADDRESS:	
12.8 TITLE:	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP:	
12.9 NAME:		3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS:		3.2 NAME:	
12.11 CITY-ST-ZIP:		3.3 STREET ADDRESS:	
12.12 TITLE:	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	
12.13 NAME:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS:		4.2 NAME:	
12.15 CITY-ST-ZIP:		4.3 STREET ADDRESS:	
12.16 TITLE:	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP:	
12.17 NAME:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS:		5.2 NAME:	
12.19 CITY-ST-ZIP:		5.3 STREET ADDRESS:	
12.20 TITLE:	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP:	
12.21 NAME:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS:		6.2 NAME:	
12.23 CITY-ST-ZIP:		6.3 STREET ADDRESS:	
12.24 TITLE:	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 or change of or as an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/23/96** TELEPHONE: **904-726-7494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RICK A. SUGGS**

CR2E034 (12/95)