

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

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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V59708 (0)
 1. Corporation Name
THE SUNCOASTER, INC.



Principal Place of Business POST OFFICE BOX 7454 ST. PETERSBURG FL 33734-7454	Mailing Address POST OFFICE BOX 7454 ST. PETERSBURG FL 33734-7454
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3. Date Incorporated or Qualified 08/21/1992	3a. Date of Last Report 04/05/1996
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2. Principal Place of Business 21 6351-39TH STREET NORTH Suite, Apt. #, etc. 22 SUITE 220 City & State 23 PINELLAS PARK, FL Zip 24 34665 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number 59-3116940	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LAMBDOON, THOMAS RANDALL 6330-C 46TH STREET NORTH PINELLAS PARK FL 34665	10. Name and Address of New Registered Agent 81 Name LAMBDOON, THOMAS RANDALL 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 220 83 6351-39TH STREET NORTH 84 City PINELLAS PARK FL 85 Zip Code 34665
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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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *T.R. Lambdon* DATE **4/17/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DPS
NAME	LAMBDOON, THOMAS RANDALL	1.2 NAME	LAMBDOON, THOMAS RANDALL
STREET ADDRESS	6330-C 46TH STREET NORTH	1.3 STREET ADDRESS	SUITE 220, 6351-39TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK FL 34665	1.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665
TITLE	CT	2.1 TITLE	CT
NAME	LAMBDOON, THOMAS RANDALL	2.2 NAME	LAMBDOON, THOMAS RANDALL
STREET ADDRESS	6330-C 46TH STREET NORTH	2.3 STREET ADDRESS	SUITE 220, 6351-39TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK FL 34665	2.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *T.R. Lambdon* ITS PRESIDENT **THOMAS R. LAMBDOON** 4/17/97 813.526.3666

CP2E034 (9/96)