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

FILED
Jun 09 1998 8:00am
Secretary of State

• PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000055469

1. Corporation Name
SCOUSERS, INC.

Principal Place of Business
2787 E. OAKLAND PARK BLVD #204
FORT LAUDERDALE
FL 33306

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
21 2787 E. OAKLAND PK BLVD
Suite, Apt. #, etc.
22 #204
City & State
23 FORT LAUDERDALE FLORIDA
Zip 24 33306 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number
65-0779540
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MICHAEL TOWNER
2787 E. OAKLAND PARK BLVD
SUITE 203
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent
81 Name MICHAEL TOWNER
82 Street Address (P.O. Box Number is Not Acceptable) 2787 E. OAKLAND PARK BLVD
83 SUITE 204
84 City FORT LAUDERDALE FL 85 Zip Code 33306

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 Michael D Towner MICHAEL TOWNER PRESIDENT 4/28/98
Signature (Registered Agent, Officer or Director required) (Name of Registered Agent, Officer or Director typed or printed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR	☐ DELETE	11 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	MICHAEL TOWNER		12 NAME	MICHAEL TOWNER	
STREET ADDRESS	2787 E. OAKLAND PARK BLVD #203		13 STREET ADDRESS	2787 E. OAKLAND PARK BLVD #204	
CITY-ST-ZIP	FORT LAUDERDALE FL		14 CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		☐ DELETE	21 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			22 NAME	MICHAEL TOWNER	
STREET ADDRESS			23 STREET ADDRESS	2787 E. OAKLAND PARK BLVD #204	
CITY-ST-ZIP			24 CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		☐ DELETE	31 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			32 NAME	LEN MACMILLAN	
STREET ADDRESS			33 STREET ADDRESS	2787 E. OAKLAND PARK BLVD #204	
CITY-ST-ZIP			34 CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		☐ DELETE	41 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			42 NAME	BILL WADKIN	
STREET ADDRESS			43 STREET ADDRESS	2787 E. OAKLAND PARK BLVD #204	
CITY-ST-ZIP			44 CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		☐ DELETE	51 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			52 NAME	JAMES McALLISTER	
STREET ADDRESS			53 STREET ADDRESS	2787 E. OAKLAND PARK BLVD #204	
CITY-ST-ZIP			54 CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME	000002554160	
STREET ADDRESS			63 STREET ADDRESS	-06/10/98--01015--042	
CITY-ST-ZIP			64 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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.

SIGNATURE: Michael D Towner MICHAEL TOWNER 4/28/98 954 5646938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #