

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S37005** (3)

1. Corporation Name
160 SCARLET, INC.



Principal Place of Business: **160 SCARLET BLVD
OLDSMAR FL 34677**
Mailing Address: **160 SCARLET BLVD
OLDSMAR FL 34677**

3. Date Incorporated or Qualified: **03/07/1991**
3a. Date of Last Report: **06/05/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 65-0259590	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
2. Principal Place of Business				2a. Mailing Address				5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				<input type="checkbox"/>		\$8.75 Additional Fee Required		
City & State				City & State				<input type="checkbox"/>		\$5.00 May Be Added to Fees		
Zip		Country		Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent

**JACOBS, PAUL
12203 TWIN BRANCH ACRES RD
TAMPA FL 33626**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, PAUL	1.2 NAME	
STREET ADDRESS	12203 TWIN BRANCH ACRES	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, CHARLES	2.2 NAME	JACOBS, CHARLES
STREET ADDRESS	1380 KENNYWOOD DR	2.3 STREET ADDRESS	2548 DEER RUN EAST
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	CLEARWATER, FL
TITLE	O <input type="checkbox"/> DELETE	3.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, BRENT	3.2 NAME	COOPER, BRENT
STREET ADDRESS	165 22 AVE SE	3.3 STREET ADDRESS	177 SUNWARD AVENUE
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	PALM HARBOR, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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; 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: *Paul Jacobs* Date: **2/27/96** Daytime Phone #: **813/854-5297**

CR2E034 (12/95)