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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **225179** (1)

1. Corporation Name
S & C DEVELOPMENT CORP

Principal Place of Business	Mailing Address
7785 SW 86 STR APT E215 MIAMI FL 33143 US	7785 SW 86 STR APT E215 MIAMI FL 33143-7293 US

3. Date Incorporated or Qualified: 06/24/1959
3a. Date of Last Report: 01/22/1996

2. Principal Place of Business
21: 10850 SW 88 ST
Suite, Apt. #, etc.
22: # 302
City & State
23: MIAMI, FL
Zip 24: 33176 Country 25: US

2a. Mailing Address
26: 10850 SW 88 ST
Suite, Apt. #, etc.
27: # 302
City & State
28: MIAMI, FL
Zip 29: 33176 Country 30: US

4. FEI Number: 59-6070725 ☐ 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
CRAMER, LOWELL
7785 SW 86 STR
APT E215
MIAMI FL 33143

10. Name and Address of New Registered Agent
81 Name: CRAMER, LOWELL
82 Street Address (P.O. Box Number is Not Acceptable): 10850 SW 88 ST #302
83
84 City: MIAMI FL 85 Zip Code: 33176

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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CRAMER, LOWELL		1.2 NAME		
STREET ADDRESS	7785 SW 86 ST APT E-215		1.3 STREET ADDRESS	10850 SW 88 ST #302	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VTSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SINGER, PAMELA J		2.2 NAME		
STREET ADDRESS	9740 SW 72ND AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRAMER, SARAH D		3.2 NAME		
STREET ADDRESS	10850 N KENDALL DR #302		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Lowell Cramer 1/13/97 (305)274-1629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lowell CRAMER, Pres.

0196576