

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 392359 (6)

1. Corporation Name

SCOPUS INVESTMENT CORP.

Principal Place of Business

Mailing Address

C/O MORLEY
9455 BAY HARBOR TERR 4-N
BAY HARBOR ISLD FL 33154

C/O MORLEY
9455 BAY HARBOR TERR 4-N
BAY HARBOR ISLD FL 33154



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1971		3a. Date of Last Report 02/09/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1461128		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MORLEY, LIZA 9455 BAY HARBOR TERR. 4N BAY HARBOR FL 33154				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL 85. 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

Signature, typed or printed name of registered agent and title if any (table)

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	COVO, JOSEPH	1.2 NAME	
STREET ADDRESS	9455 BAY HARBOR TERR 4N	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	COVO, MATILDE	2.2 NAME	
STREET ADDRESS	9455 BAY HARBOR TERR 4N	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	MORLEY, LIZA	3.2 NAME	
STREET ADDRESS	9455 BAY HARBOR TERR 4N	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Liza Morley Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 12, 96 (305) 8648944

CR2E034 (3/96)