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.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** 591653 (1)S.C.P. INVESTMENTS, INC. Principal Place of Business Mailing Address 1514 SHIRLEY CT. 1514 SHIRLEY CT. LAKE WORTH FL 33461 LAKE WORTH FL 33461 3a. Date of Last Report 3. Date Incorporated or Qualified 10/30/1978 02/28/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Not Applicable 26 59-2499077 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zip Country Yes X No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KRAMER, R.K. 82 Street Address (P.O. Box Number is Not Acceptable) 1514 SHIRLEY CT. LAKE WORTH FL 33461 83 Zip Code 84 85 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (No.11). Registered Agent's grashine required when reinstance) Signature, type dipriprie to discover of registered agent and title if applicative ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE THILE CR2E034 1.2 NAME NAME PERNEY, SYLVIANE CLERET 1514 SHIRLEY CT. 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change | no fibhA DELETE 2.1 DITLE TITLE 2.2 NAME KRAMER, RICHARD K. NAME 1514 SHRILEY COURT 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP LAKE WORTH FL CITY - ST - ZIP Change Addition DELETE 3.1 TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C+1Y - S1 - ZiP CITY-ST-ZIP Change Addition DELETE 4.1 HTLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - \$1 - ZiP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TIFLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY+ST-ZIP City-St ZiP DELETE Change Addition 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 are applicantly for 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 Mock 13 if changed or on an attachment with an address. CITY-ST-ZIP

OFFICER OR DIRECTOR

SIGNATURE:

6-8-96 407-568-5967