

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 2: 04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 632204

(4)

1. Corporation Name

S C M ENTERPRISES, INC.

Principal Place of Business

**5757 LAKE WORTH ROAD
P.O. BOX 9500
GREENACRES FL 33468-6500**

Mailing Address

**5757 LAKE WORTH ROAD
P.O. BOX 9500
GREENACRES FL 33468-6500**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/26/1979

3a. Date of Last Report

01/24/1994

4. FBI Number

31-0963647

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MOORE, STEPHEN C.
5757 LAKE WORTH ROAD
GREENACRES FL 33468-6500**

10. Name and Address of New Registered Agent

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 applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**POT
MOORE, STEPHEN C
5757 LAKE WORTH RD
GREENACRES FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VPD
KEMP, JOHN B
201 WEST BIG BEAVER RD
TROY, MI 48069**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
MOORE, CATHERINE A.
5757 LAKE WORTH RD
GREENACRES FL**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, 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; and that the corporation is duly organized and existing under the laws of the State of Florida; and that my name appears in Block 12 of this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN C. MOORE

4/10/95

Date

1107-433-5757

Telephone Number