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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 $mPR\theta VF$: PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris **ANNUAL REPORT** Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 FEB 12 AM 8: 58 DOCUMENT # 632204 SECRETARY OF STATE 1. Corporation Name ILLAHASSEE, FLORIDA S C M ENTERPRISES, INC. Principal Place of Business Mailing Address 5757 LAKE WORTH ROAD \$757 LAKE WORTH ROAD P.O. BOX 9500 P.O. BOX 9500 GREENACRES FL 33468-9500 GREENACRES FL 33466-9500 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/26/1979 2. Principal Place of Business 4. FEI Number Applied F 26 110 SF 6+1) Street 21 31-0963647 Not Appl Suite, Apt. #, etc 30 5 Floor **\$8.75** Additio 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May B 23 Trust Fund Contribution Added to Fee: Zip Country Country 8. This corporation owes the current year Intaggible USA 25 24 Personal Property Tax. 29 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 82 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 85 Zip Code FL 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 register 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 registere 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 reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. NI DELETE 1.1 TITLE 1 Change MOORE, STEPHEN C NAME 1.2 NAME 5757 LAKE WORTH RD STREET ADDRESS 1.3 STREET ADDRESS GREENACRES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 1m F 21 TITLE [] Change JAMES, COLE O 900002776879: NAME 22 NAME 5757 LAKE WORTH RD STREET ADDRESS 23 STREET ADORESS -n2716799--N1046--006 **GREENACRES FL 33463** ****150.00 ****150.0 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3 1 TITLE NAME HYLE, KATHLEEN 3.2 NAME 5757 LAKE WORTH RD STREET ADDRESS 3.3 STREET ADDRESS **GREENACRES FL 33463** OTTY-ST-ZIP 34. CITY-ST-ZIP N DELETE TITLE 4.1 TITLE Change [] A BAISDEN, CHARLES V NAME 4 2 NAME 5757 LAKE WORTH RD STREET ADDRESS 4.3 STREET ADORESS **GREENACRES FL 33463** CITY-ST-ZIP 44 CITY-ST-ZIP ☐ DELETE 5 1 TITLE Change ΓΊA 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE 1m F ☐ Add 6 2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY, ST. 7IP 14. I 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, with all other like empowered.

James O. Cole

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF

SCM Enterprises, Inc.

OFFICE	NAME
Directors	Thomas W. Hawkins
4**************************************	James O. Cole
President	Stephen C. Moore
Vice Presidents	James O. Cole
***************************************	John B. Kemp
Secretary	James O. Cole
Assistant Secretary	Charles V. Baisden
Treasurer	Kathleen Hyle
Assistant Treasurer	Charles V. Baisden

Address for all officers and directors is:

110 SE 6th Street, 20th Floor Fort Lauderdale, Florida 33301