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Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 656868

(7)

1. Corporation Name

SCS INDUSTRIES, INC.

Principal Place of Business

2748 WEST 78TH STREET
HIALEAH FL 33016

Mailing Address

2748 WEST 78TH STREET
HIALEAH FL 33016-2767



2. Principal Place of Business

21 4720 NW 157 ST.

Suite, Apt. #, etc.

22 City & State

23 MIAMI LAKES, FL

Zip Country

24 33014

25

2a. Mailing Address

26 4740 NW 157 ST.

Suite, Apt. #, etc.

27 City & State

28 MIAMI LAKES, FL

Zip Country

29 33014

30

3. Date Incorporated or Qualified

02/22/1980

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1982383

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

KAPLAN, LAWRENCE
900 BAY DR #1001
MIAMI BCH FL 33141

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, 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

LAWRENCE KAPLAN, PRES.

3-18-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP KAPLAN, LAWRENCE

STREET ADDRESS 900 BAY DR #1001

CITY - ST - ZIP MIAMI BCH FL

TITLE ☐ DELETE

NAME STD KOSTICK, JOHN S.

STREET ADDRESS 131 NE 172 STR

CITY - ST - ZIP NO MIAMI BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

33141

☒ Change ☐ Addition

33162

☐ Change ☒ Addition

S/T

JUDALINE A. CUMMINGS

6890 MCCLELLAM ST.

HOLLYWOOD, FL 33024

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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.

LAWRENCE KAPLAN

305-

3-19-97 430-0550

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)