PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 661985 1. Corporation Name

SCURTO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90148 031 ***150.00



7911 NW 72ND AVE STE #107 MIAMI FL 33166 US		7911 NW 72TH AVE SUITE 107 MIAMI FL 33166 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/18/1980			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	plied For	
21 102-Kent COURT . 26 102 Kent C			(0	URT.	59-1994173	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional	
27					5. Certificate of Status Desired	Fee Re	equired	
City & State 23 NICEVILLE, FL 28 NICEVILLE,			F	-6	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
				ALOOSA	T Gradital Frage 1	X Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent		
			81	Name				
SCURTO, PAUL 102 KENT COURT			82	82 Street Address (P.O. Box Number is Not Acceptable)				
NICEVILLE FL 32578			83					
			84	City		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, byed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	Р	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	SCURTO, PAUL	,	1.2 NAME					
STREET ADDRESS	102 KENT COURT		1.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY+S	T-ZiP				
TITLE	ST	☐ DELETE	2.1 TITLE			☐ Change	Addition \	
NAME	SCURTO, JAN		2.2 NAME				-	
STREET ADDRESS	102 KENT COURT	_ /*	2.3 STREE	TADORESS				
CITY-ST-ZIP	NICEVILLE FL	FL 2.4		ST-ZIP	<u> </u>			
TITLE		☐ DELETE	3.1 TTLE			☐ Change	☐ Addition	
NAME			3.2 NAME	-			l	
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE			4.1 TITLE			☐ Change	☐ Addition {	
NAME			4.2 NAME					
STREET ADORESS	4.3 \$1		4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	T-ZIP				
TITLE						<i></i>		
NAME		DELETE	5.1 TITLE	1		Change	Addition	
		☐ DELETE	5.2 NAME			☐ Change	☐ Addition }	
STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREE	T ADDRESS		Change	☐ Addition	
		2001010101	5.2 NAME 5.3 STREE 5.4 CITY-S					
STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	48 (C. 19) () ()	2001010101	5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME					

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.

6.4 CITY-ST-ZIP

CR2E034 (11/98)