FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:09

DOCUMENT # 739555 (1)

1. Corporation Name
S.C.A., INC.

Principal Place of Business	Mailing Address
2700 CORAL SPRINGS DRIVE APT. #208 CORAL SPRINGS FL 33065	2700 CORAL SPRINGS DRIVE APT. #208 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1977
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-1876569 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JURGENSEN, DELBERT F.
2700 CORAL SPRINGS DR. #208
CORAL SPRINGS FL 33065

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	JURGENSEN, DELBERT F.	1.2 NAME	
STREET ADDRESS	2700 CORAL SPRGS DR #208	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	~~TD~~	2.1 TITLE	☒ Change ☐ Addition
NAME	~~HUDSON, JOHN R~~	2.2 NAME	SD
STREET ADDRESS	~~2700 CORAL SPRINGS DRIVE #306~~	2.3 STREET ADDRESS	COLBERT, MARY
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	2.4 CITY-ST-ZIP	2700 CORAL SPRINGS DRIVE # 214 CORAL SPRINGS, FL 33065
TITLE	~~ASD~~	3.1 TITLE	☒ Change ☐ Addition
NAME	MEYERS, JOEL & MONICA	3.2 NAME	TD
STREET ADDRESS	2700 CORAL SPGS DR #210	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, VIVIAN	4.2 NAME	
STREET ADDRESS	2700 CORAL SPRGS DR #209	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	~~SD~~	5.1 TITLE	☒ Change ☐ Addition
NAME	~~TISDALE, MARGARET~~	5.2 NAME	ASD
STREET ADDRESS	~~2700 CORAL SPGS DR #201~~	5.3 STREET ADDRESS	BULGER, FRANK P.
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	5.4 CITY-ST-ZIP	2700 CORAL SPRINGS DRIVE # 102 CORAL SPRINGS, FL 33065
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Delbert F. Jurgensen 02/17/95 305-752-4672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000210