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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 739555

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S.C.A., INC. Principal Place of Business 2700 CORAL SPRINGS DRIVE APT. #208 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065					:	F-48- B						
COINE STAIR	mas re 3300	3	COMAL SPRINGS	FL 33003				 Date Incorporated or Qu 07/05/1977 	alified	3a. Date of La:	•	
2. Principal Pl	lace of Busine	ess	2a. Mailing Address		 -			4. FEI Number		02/22/	Applied For	
<u>ה</u>			26					59-1876569			Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, et	c.				5. Certificate of Status Desi	irod i	\$8.7	5 Additional	
			27					5. Certificate or Status Desi		Fe	e Required	
City & State	e		City & State					6. Election Campaign Finan	noing		00 May Be	
Zip		Country	Zip		Country			Trust Fund Contribution		AUX	led to Fees	
]	ŀ	25	29	30	Country			 B. This corporation has liab Florida Statutes 		ngible tax ⊔nder Yes ☐ No	s. 199.032,	
1	9. Name	and Address of Current		11	Ĭ			0. Name and Address of				
					B1	Name	_			T .		
JURGENSEN, DELBERT F.					82	Street	Address	ress (P.O. Box Number is Not Acceptable)				
2700 CORAL SPRINGS DR. #208								odiess (1.0. box Hornosi is Not Acceptable)				
CORAL	SPRINGS F	L 33065			83							
					84	City	··- ··-		-	—. 85	Zip Code	
1 Purcuant (to the province	one of Sections 617 0600	and 617 1509 Florida C	tatutas the		omad a		submits this statement for	AL	FL [°°]		
or register	reo agent, or	com, in the state of Florid	a. Such change was aut	nonzea by '	the corpo	oration's	board of	directors. I hereby accept the	tne purpos he appointr	e of changing its ment as registere	registered offi ed agent. I am	
	ith, and accep	ot the obligations of, Section	on 617.0503, Florida Sta	itutes.						_	•	
ignature _	Signature, typed i											
		or printeo namie di registered agent g	and title if applicable	(NOTE: Regi	istered Agent	t signature d	required whe	n reinstation)		DATE		
		or printed name of registered agent a OFFICERS AND		(NOTE: Regi	islered Agent	t signature d	required whe	n reinstating) ADDITIONS/CHANGES T	TO OFFICE	DATE RS AND DIRECT	ORS IN 12	
2.	DP	OFFICERS AND		I		t signature r	required whe	*****	TO OFFICE			
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SIGNATURE:

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