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Mar 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 739555 (1)

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



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

Mailing Address
2700 CORAL SPRINGS DRIVE
APT. #208
CORAL SPRINGS FL 33065-3833

3. Date Incorporated or Qualified 07/05/1977
3a. Date of Last Report 02/09/1996

2. Principal Place of Business 21 2700 Coral Springs Drive Suite, Apt. #, etc. 307 22 City & State Coral Springs, FL. 23 Zip 33065 Country U.S.	2a. Mailing Address 26 2700 Coral Springs Drive Suite, Apt. #, etc. 307 27 City & State Coral Springs, FL. 28 Zip 33065 Country U.S.	4. FEI Number 59-1876569 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Frank P. Bulger
82 Street Address (P.O. Box Number is Not Acceptable) 2700 Coral Springs Drive # 307
83
84 City Coral Springs FL 85 Zip Code 33065

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Frank P. Bulger, Frank P. Bulger President JAN 9, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP	NAME JURGENSEN, DELBERT F.	STREET ADDRESS 2700 CORAL SPRGS DR #208	CITY-ST-ZIP CORAL SPRINGS FL	<input checked="" type="checkbox"/> DELETE
TITLE SD	NAME COLBERT, MARY	STREET ADDRESS 2700 CORAL SPRINGS DRIVE #214	CITY-ST-ZIP CORAL SPRINGS FL	<input checked="" type="checkbox"/> DELETE
TITLE TD	NAME MEYERS, MONICA & JOEL	STREET ADDRESS 2700 CORAL SPRINGS DRIVE SUITE 210	CITY-ST-ZIP CORAL SPRINGS FL	<input type="checkbox"/> DELETE
TITLE VD	NAME ALLEN, VIVIAN	STREET ADDRESS 2700 CORAL SPRGS DR #209	CITY-ST-ZIP CORAL SPRINGS FL	<input checked="" type="checkbox"/> DELETE
TITLE ASD	NAME BULGER, FRANK P	STREET ADDRESS 2700 CORAL SPRINGS DRIVE #102	CITY-ST-ZIP CORAL SPRINGS FL	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President "D"	1.2 NAME Frank P. Bulger	1.3 STREET ADDRESS 2700 Coral Springs Drive # 307	1.4 CITY-ST-ZIP Coral Springs, FL. 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE SECRETARY "D"	2.2 NAME Paula Skornicki	2.3 STREET ADDRESS 2700 Coral Springs Drive # 212	2.4 CITY-ST-ZIP Coral Springs, FL. 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE NO Change "D"	3.2 NAME Same as Block 12	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE Vice President "D"	4.2 NAME HARGRETT E. McAndrews	4.3 STREET ADDRESS 2700 Coral Springs Drive # 111	4.4 CITY-ST-ZIP Coral Springs, FL. 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE ASSISTANT SECRETARY "D"	5.2 NAME June Elias	5.3 STREET ADDRESS 2700 Coral Springs Drive # 213	5.4 CITY-ST-ZIP Coral Springs, FL. 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Frank P. Bulger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 9, 1997 (954) 341-6492
Date Daytime Phone # 0022351

CR2E037 (9/96)