


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 03 1998 8:00am  
Secretary of State

|  |                                     |   |   |
|--|-------------------------------------|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b>  |                                     |  FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
| DOCUMENT # <b>739555</b> (1)   |                                     |   |   |
| 1. Corporation Name<br><b>S.C.A., INC.</b>   |                                     |   |   |
| Principal Place of Business<br><b>2700 CORAL SPRINGS DRIVE<br/>#307<br/>CORAL SPRINGS FL 33065<br/>US</b>  |                                     | Mailing Address<br><b>2700 CORAL SPRINGS DRIVE<br/>#307<br/>CORAL SPRINGS FL 33065<br/>US</b>   |   |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country  |                                     | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country  |   |
| 3. Name and Address of Current Registered Agent<br><br><b>FRANK P. BULGER<br/>2700 CORAL SPRINGS DRIVE #307<br/>CORAL SPRINGS FL 33065</b>   |                                     | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code                                     |   |
| 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.<br>SIGNATURE <u>Frank P. Bulger</u> , President <u>Frank P. Bulger January 10, 1998</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                                     |   |   |
| 12. OFFICERS AND DIRECTORS   |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| TITLE  | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | FRANK P. BULGER                     | 1.2 NAME  |   |
| STREET ADDRESS   | 2700 CORAL SPRINGS DRIVE, #307      | 1.3 STREET ADDRESS  |   |
| CITY-ST-ZIP  | CORAL SPRINGS FL                    | 1.4 CITY-ST-ZIP   |   |
| TITLE  | SD <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | PAULA SKORNICKI                     | 2.2 NAME  |   |
| STREET ADDRESS   | 2700 CORAL SPRINGS DR., #212        | 2.3 STREET ADDRESS  |   |
| CITY-ST-ZIP  | CORAL SPRINGS FL                    | 2.4 CITY-ST-ZIP   |   |
| TITLE  | TD <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | MEYERS, MONICA & JOEL               | 3.2 NAME  |   |
| STREET ADDRESS   | 2700 CORAL SPRINGS DRIVE SUITE 210  | 3.3 STREET ADDRESS  |   |
| CITY-ST-ZIP  | CORAL SPRINGS FL                    | 3.4 CITY-ST-ZIP   |   |
| TITLE  | VPD <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | MARGARET E. MCANDREWS               | 4.2 NAME  |   |
| STREET ADDRESS   | 2700 CORAL SPRINGS DR., #111        | 4.3 STREET ADDRESS  |   |
| CITY-ST-ZIP  | CORAL SPRINGS FL                    | 4.4 CITY-ST-ZIP   |   |
| TITLE  | ASD <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | JUNE ELIAS                          | 5.2 NAME  |   |
| STREET ADDRESS   | 2700 CORAL SPRINGS DR., #213        | 5.3 STREET ADDRESS  |   |
| CITY-ST-ZIP  | CORAL SPRINGS FL                    | 5.4 CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                     | 6.2 NAME  |   |
| STREET ADDRESS   |                                     | 6.3 STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                     | 6.4 CITY-ST-ZIP   |   |



CH2E037 (10/97)

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 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 **FRANK P. Bulger** Jan. 10, 1998 (954) 341-6492