## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90047 013 \*\*\*150.00

**FILED** 

## **DOCUMENT # F00944** 1. Corporation Name

SCARBROUGH ENTERPRISES, INC.

Principal Place of Business		Mailing Address								
918 LINCOLN AVENUE C/O SYDNEY SCARBROUGH STUART FL 34994		918 LINCOLN AVENUE C/O SYDNEY SCARBROUGH STUART FL 34994				DO NOT WRITE IN THIS SPACE				
					<b>I</b>	3. Date Incorporated or Qualifed 09/30/1980				
2. Principal Pl	lace of Business	2a. Mailing Address					FEI Number 59-2022543	$\vdash$		lied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired			
City & State	e	City & State				I	Election Gempaign Financing	\$5:00 May Be Added to Fees		
Zip	Country	Zip 3	Cou	intry			This corporation owes the current year Int Personal Property Tax.	angible Yes	Ī	⊒No ∣
**	9. Name and Address of Curren					10. Name and Address of New Registered Agent				
	o. Italia alla Adarosa o. Galler			81	Name	)				
SCARBROUGH, SYDNEY							O Dev March as in Net Assessable)			
918 LINCOLN AVENUE				82	Street	treet Address (P.O. Box Number is Not Acceptable)				
SIU	ART FL 33497			83						
				84	City		FL	. 1 1	Zip C	
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, typed or printed name of registered ager	nt and title if applicable. (NOTE, R	enistered	Agent	signature r	required when re	einstating) DATE			\
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTO	RS IN 12
TITLE	PD			I.1 TITLE		P57.D		<b>⊠</b> Cha	inge	☐ Addition
NAME	SCARBROUGH, SYDNEY	GH, SYDNEY		1.2 NAME			•			ļ
STREET ADDRESS	040 4 040 04 04 040			1.3 STREET ADDRESS		3				ļ
CITY-ST-ZIP	STUART FL	JART FL 1.40		1.4 CITY-ST-ZIP						
TITLE	STD			2.1 TITLE				☐ Cha	inge	Addition
NAME	00/4/0/100011, 2002112		22 N	2.2 NAME						ľ
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TITLE				TLE		-		☐ Cha	inge	L MOUIDON
NAME			3.2 N							
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CITY-ST-ZIP		□ DELETE	34. C	TIF	r-zip		<u></u>	Cha	ange	Addition
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NAME STREET ADDRESS					ADDRESS	,				
STREET ADDRESS				ITY-ST		ή				
TITLE	<u> </u>	☐ DELETE	5.1 TI			<del> </del>		Cha	ange	Addition
NAME			5.2 N	AME		Ì				
STREET ADDRESS			5.3 S	TREET	ADDRESS	3				
CITY-ST-ZIP			5.4 C	ITY-ST	-ZIP					
TITLE		☐ DELETE	6.1 TI	TLE				Cha	ange	☐ Addition `
	I .									

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

116199