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

DOCUMENT # F9700003469 1. Corporation Name

SCDP, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90142 011 ***150.00

Principal Place of Business Mailing Address			1 4001/04 tild 1911/ (841) beitt agitt getil						
4400 PALM LANE 4400 PALM LANE MIAMI FL 33137 MIAMI FL 33137			DO NOT WRITE IN THIS SPACE						
			3. Date Incorporated or Qualified 07/03/1997						
Principal Place of Business 21	2a. Mailing Address		4. FEI Number Applied For Not Applicable						
Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired See Required						
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip Country 24 25		ountry	8. This corporation owes the current year Intangible Personal Property Tax.						
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
PERSHES, ROBERT E			Varne						
2801 UNIVERSITY DR., STE. 205									
CORAL SPRINGS FL 33065		83							
		84 C	City 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.

agent. Fai	II Jamiliai Willi, and decept the obligations of position of the	_							
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating)		DATE				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	C DELETE	1.1 TITLE] Change	Addition)		
NAME	LEWIS, CARLTON D	1.2 NAME	•		•		ļ		
STREET ADDRESS	2030 16TH ST.	1.3 STREET ADDRESS							
CITY-ST-ZIP	WASHINGTON DC 20009	1.4 CITY-ST-ZIP							
TITLE	DP DELETE	2.1 TITLE] Change	☐ Addition		
NAME `	PRISANT, MARTIN A	2.2 NAME					. \		
STREET ADDRESS	4400 PALM, LANE	2.3 STREET ADDRESS					ĺ		
CITY-ST-ZIP	MIAMI FL 33137-	2.4 CITY-ST-ZIP							
TITLE	ST DELETE	3.1 TITLE			🗀] Change	Addition		
NAME	KEITH, GLADYS H	3.2 NAME							
STREET AODRESS	1910 NW 105 AVE.	3.3 STREET ADDRESS		,					
CITY-ST-ZIP	PEMBROKE PINES FL 33026	3.4. CITY-ST-ZIP							
TITLE "	Secretary DELETE	4.1 TITLE] Change	☐ Addition (
NAME	Aubrey Hope 2441 Riverdale Drive North	4, 2 NAME					}		
STREET ADDRESS		4,3 STREET ADDRESS							
CITY-ST-ZIP	Miramar Fla 33025	4.4 CITY-ST-ZIP	,—			7.01			
TITLE	☐ DELETE	5.1 TITLE			<u>.</u>] Change	☐ Addition \		
NAME ·	•	5.2 NAME			•	-			
STREET ADDRESS		5.3 STREET ADDRESS	,				j		
CITY-ST-ZIP		5.4 CITY+ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE			Ļ] Change	☐ Addition)		
NAME	56 CEVICA 5 13 K S S	6.2 NAME							
STREET ADDRESS	and the state of t	6.3 STREET ADDRESS					ļ		
CITY-ST-ZIP		6,4 CITY-ST-ZIP				0			

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 attachagent frith an address, with all other like empowered.

SIGNATURE:

PARTIDA, PRISANT, PRES. 4/13/99 305 7782334