FILE	NOW: FILING I	EE AFTER MAY	1 18 \$225.	00	_,	
CORP	ROFIT ORATION AL REPORT	Sa S	FLORIDA DEPARTMENT OF STATE Sandra B Mortham Socretary of State Division OF CORPORATIONS			
DOCUMENT # G74013 (5)						
SCS &	ASSOCIATES, INC.					
Principal Place of Business Mailing Address					j iddilli dêti fabli dibit aniai iine:	Ø till Offill Mimit Biffit Arbit annt anni seat
C/O MICHAEL		C/O MICHAEL F	. Scheper Terrace. Ste 209			
FT. LAUDERDA US	1 TERR. STE 209 ALE FL 33309		FT. LAUDERDALE FL 33309		3. Date incorporated or Qualified 12/07/1983	3a. Date of Last Report 03/10/1995
2. Principal Plac	ce of Business	1-3	2a. Mailing Address		4. FEI Number 59-2368324	Applied For Not Applicable
21 Suite, Apt. #,	etc.	Suite, Apt. #. 6	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	27 City & State 28		6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country Zip		Countr	/ /	This corporation has liability for intangible tax under s 199.032, Florida Statutes	
24 25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	9. Name and Address of	Current Registered Agent	81	Name		
SCHEPER, MICHAEL F. 82 Stre				Street Ado	ress (P.O. Box Number is Not Acceptat	ple)
3215 NW 10TH TERR, STE 209						
FT. LAUC	DERDALE FL 33309		8:	'		
;			8-	City		FL 85 Zip Gode
or registere familiar with		507,0502 and 607,1508, Florida p of Florida, Such change was a cof, Section 607,0505, Florida S		L named corpo poration's ho	uration submits this statement for the pu and of directors. I hereby accept the app	
SIGNATURE	Signature, bywid or purched racini of regi	donal agenta vitter tance also	(NOTE Registeres Ar	ent signature for pil	recivit exposability	DOLDS AND DIDECTORS IN 12
12.	C) rectil		13.	, — — — — — ·	ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 12	
TITLE	VD	DELE	TE 1 1 TBL 1 2 NAM			<u> </u>
NAME FIRELIFY, DOITHED A				EL ADDRÉSS		
ET LANDEDDALE EL			1.4 CilY	1		
						☐ Change ☐ Addition
NAME	ACUERO MICHAELE		2 2 NAN	E		
UNAMIC	JUINE LIN MICHAEL					

CR2E034 (12/95) 12 ΝÁ ST CI Ð 3215 NW 10TH TERR, STE 209 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 24 CITY - ST - /IP CITY - ST - ZIP Change Addition DELETE 3 1 HILF TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 400001779654 -04/15/96--01028--0<mark>5</mark>4^{0hange} 3.4 CITY - ST- ZIP City-St-7/P Addition DELETE 4 1 TITLE TITLE ***200,00 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZiP CHTY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELFTE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. If do hereby certify that the information supplied with this hing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated got this aim tall report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under castir, that I am an officer or directly of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changest, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

2. 21

22

23 24

NO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U · Q · Q · d