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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G74013

SCHEPER, MICHAEL F

FT. LAUDERDALE FL

3215 NW 10TH TERR, STE 209

(5)

SCS & ASSOCIATES, INC. Principal Place of Business Mailing Address C/O MICHAEL F. SCHEPER 3215 NW 10TH TERR. STE 209 C/O MICHAEL F. SCHEPER 3215 NW 10TH TERR. STE 209 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Date Incorporated or Qualified 12/07/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2368324 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zìp Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHEPER, MICHAEL F 3215 NW 10TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 209 83 FT. LAUDERDALE FL 33309 84 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicat gistered Agent signature req 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition ___ Change TITLE 1.1 TITLE PHILLIPS, DONALD A NAME 1.2 NAME CR2E034 3215 NW 10TH TERR, STE 209 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE

NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

DELETE

DELETE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY - ST-ZIP

2. 4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 ar 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 anther acceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes on an algorithment with an address.

SIGNATURE:

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

7-98 954-563-690C

Change

Change

Addition

Addition Addition

FILED

Jan 22 1998 8:00am

Secretary of State