

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H07147 (2)

1. Corporation Name  
S.S.C.B. DEVELOPMENT, INC.



Principal Place of Business  
3545 TYRONE BLVD. N., #4  
ST. PETERSBURG FL 33710

Mailing Address  
P.O. BOX 47575  
ST. PETERSBURG FL 33743-7575

3. Date Incorporated or Qualified 06/08/1984 3a. Date of Last Report 05/23/1995

2. Principal Place of Business 21 8610 Bay Pines Blvd 2a. Mailing Address 26 Same

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

City & State 23 St Petersburg FL 28 City & State 27

Zip 24 33709 25 Pinellas 29 Zip 30 Country

4. FEI Number 59-2418760 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CURLEY, GERARD J  
3545 TYRONE BLVD. N., #4  
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
150 - 2nd Ave N  
83 Ste 970  
84 City St Petersburg FL 85 Zip Code 33701

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 new agent and date of acceptance

Signature, typed or printed name of registered agent and date of resignation

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VD	CURLEY, GERARD J	3545 TYRONE BLVD N., #4	ST. PETERSBURG FL 33710	<input type="checkbox"/>
PTD	SAGLIO, LAWRENCE	8610 BAY PINES BLVD.	ST. PETERSBURG FL 33709	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/96 813 384 3625

CR2E034 (12/95)