


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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H09144 (7)
1. Corporation Name
SCIM, INC.



Principal Place of Business	Mailing Address
700 40TH AVENUE N.E. ST. PETERSBURG FL 33070	700 40TH AVENUE N.E. ST. PETERSBURG FL 33070

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	6670 W BEECH RD	26		06/22/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	74 MEADE, FL. 33841			59-2516898	
City & State		City & State		5. Certificate of Status Desired	
23				<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible	
25	PORT			Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
29					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IOTT, OUIDA
700 40TH AVENUE N.E.
ST. PETERSBURG FL 33703-5908

81	Name	OUIDA IOTT
82	Street Address (P.O. Box Number is Not Acceptable)	700 40 AV. N.E.
83	City	ST. PETERSBURG, FL
84	City	FL
85	Zip Code	33703-5908

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALINERO, MARIE	1.2 NAME	
STREET ADDRESS	19735 GULF BLVD., UNIT 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 33785	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IOTT, OUIDA	2.2 NAME	
STREET ADDRESS	700 40 AVENUE NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703-5908	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATES, WANDA	3.2 NAME	
STREET ADDRESS	10620 COUNTY LINE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL 33841	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

OUIDA B. IOTT
SECRETARY

1-8-97

813 898 2440

CR2E034 (10/97)