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Apr 02 1997 8:00am  
Secretary of State



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

PROFIT CORPORATION  
ANNUAL REPORT  
1997

DOCUMENT # H13151 (6)

1. Corporation Name  
SCONE, INC.



Principal Place of Business  
100 AVENUE A  
SUITE C  
FT PIERCE FL 34950  
US

Mailing Address  
100 AVENUE A  
SUITE C  
FT PIERCE FL 34950-4484  
US

3. Date Incorporated or Qualified 07/20/1984  
3a. Date of Last Report 04/23/1996

2. Principal Place of Business  
21 401-A S. Indian River Dr.  
Suite, Apt. #, etc. Suite A  
22 City & State Fort Pierce, FL  
23 Zip 34950 Country USA

2a. Mailing Address  
26 401-A S. Indian River Dr.  
Suite, Apt. #, etc. Suite A  
27 City & State Ft Pierce, FL  
28 Zip 34950 Country USA

4. FEI Number 58-1581127  
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  
DEROSS, JOSEPH J JR  
100 AVE. A SUITE C  
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 *Joseph J Deros*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEVINE, SEYMOUR  
STREET ADDRESS 100 AVE A, STE C  
CITY-ST-ZIP FT PIERCE FL

TITLE STD  
NAME LEVINE, RITA C.  
STREET ADDRESS 100 AVE A, STE C  
CITY-ST-ZIP FT PIERCE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  Change  Addition  
1.2 NAME levine, Seymour  
1.3 STREET ADDRESS 401-A S. INDIAN RIVER DRIVE  
1.4 CITY-ST-ZIP Fort Pierce, FL 34950

2.1 TITLE STD  Change  Addition  
2.2 NAME levine, Rita C.  
2.3 STREET ADDRESS 401-A S. INDIAN RIVER DRIVE  
2.4 CITY-ST-ZIP Fort Pierce, FL 34950

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 a address.

SIGNATURE: *Seymour Levine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)