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**

Jan 29 1998 8:00am Secretary of State

FILED

1. Corporation Name (8)													
		: p/	SCO INC										
FUN TOURS OF PASCO, INC.											(4): 0:03: 0:01	(6 6 1 1 6 	HI 61011 (30)
Principal Place of Business					Mailing Address					- (100 0 0 0 0 6 0 1 0 0 0 0 0 0 0 0 0 0 0 0			
,													
6701 COLLINS AVE. MIAMI BCH FL 33141-0285					6701 COLLINS AVE. MIAMI BCH FL 33141-0285								
WIRTHIN DOTT TO	F 99141 950	,		- Interest	midmi port te votat veov				DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified			
									01/16/1987				
2. Principal Pi	ace of Busi	ness		28. 1	2a. Mailing Address					4. FEI Number		Δ	Applied For
21			· 	26						59-2760023	· · · · · · · · · · · · · · · · · · ·		lot Applicable
Suite, Apt. :	#, e tc.			├ ──	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22				27	. <u> </u>							Required	
City & State	9				City & State					6. Election Campaign Financing			May Be
Zip			Country		Zip Count				·····	Trust Fund Contribution Added to Fees			
						 -	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	6 Name	25	Address of Curre	29	red Agent	30	Г			10. Name and Address of New F			LI NO
g, Name and Address of Current Registered Agent								Name		IO, Mario una Radices of Non I	iogistorou	rigoria	
HERRMANN, HELGE								<u> </u>					
6701 COLLINS AVE. MIAMI BCH FL 33141-0285								Street	Addre	ss (P.O. Box Number is Not Accept	able)		
MIM	WII DUTI F	L 33	141-0203		83				_,				
								City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a									1 corno	visition submits this statement for the		l changing	ite registered
Office or re	eoistered ac	nent -	or both, in the Stat	te of Florida	. Such change was	s authorize	nd by	the cor	poratic	on's board of directors. I hereby acc	ept the app	pointment a	s registered
agent. i ar	m ta miliar w	iih, a	nd accept the obli	gations of,	Section 607.0505, F	-lorida Sia	lutes	S.					
SIGNATURE	Clonshuta brood	1 0/ 0/	otad came of recustored a	goot and title if	euroloable (NC	OTF: Booletore	od And	ont eigrafus	0.000	d when reinstating)	DATE		
Signature, typod or printed name of registered agent and title if applicable (NOTE: Ro 12. OFFICERS AND DIRECTORS								on bignatur	c roquio	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE	P	DELETE	13. 1.1 TITLE			Ţ			Change				
NAME	HERRM	ANN	, HELGE			1.2 NAME			İ			•	
STREET ADDRESS			NS AVE.			1.3 STREET ADDRESS			43	OI COLLINS AVE	# 10	05	
CITY-ST-ZIP			FL 33141-0285					IT-ZIP	MI	OI COLLING AVE	23/40	5	
TITLE					DELETE	2.1 T			1			Change	Addition
NAME					2.2 NAME								
STREET ADDRESS						2.3 S	TREET	ADDRESS					
CITY-ST-ZIP					2. 4			ST - ZIP					
TITLE					DELETE	317						Change	Addition
NAME					32 N	IAME							
STREET ADDRESS					3.3 \$			ADDRESS					
CITY-ST-ZIP			3.4. CITY - ST- ZIP										
TITLE	DELETE							Z1	 			Change	Addition
NAME						4.1 ¥ 4. 2 !	NAME						_
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP							ITY-S						
TITLE					DELETE	5.1 T		1-511				Change	Addition
NAME						5.2 N							
								ADDRESS					
STREET ADDRESS						1							
CITY-ST-ZIP					DELETE	5.4 C	ITY - S	1-211	 			Change	Addition
TITLE					L DECENE				1			CT CHAIRE	Addition
NAME						6.2 N		1000000					
STREET ADDRESS								ADDRESS	1				
CITY-ST-ZIP	erlify that th	a inf	·		na dose not avalify		ITY-S		d in S	Section 119 07(3)(i). Florida Statutes	I further of	artify that th	e information

indicated on this annual report or supplied with inspiring does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Turther certify that the informatic indicated on this annual report or supplemental armyal report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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.