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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 12 1997 8:00am

Secretary of State

February 20, 1997

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J60364

(3)

SCARGO, INC.

Principal Place	e at Business	Mailing Address							
2975 OVERSEAS HWY MARATHON FL 33050 US		_	MARATHON FL 33050-2235 US						
						3. Date incorporated or Qualified 03/05/1987	3a. Date of Last Report 02/26/1996		
2. Principal Pi 21	ace of Business	2a. Mailing Address				4. FEI Number 04-6457242			plied For t Applicable
Suite, Apr. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	h			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30				Yes 🗶		
	9. Name and Address of Cur	rent Hegistered Agent		81	Name	10. Name and Address of New Re	jistered A	gent	
MILL				Hallio					
	OVERSEAS HIGHWAY ATHON FL 33050				Street Add	ress (P.O. Box Number is Not Acceptable)			
				83					
				84	City		FL	85 Zip C	Code
office or re	o the provisions of Sections 607.t egistered agent, or both, in the St in familiar with, and accept the ob	ate of Florida. Such change was	authorize	d by	the corpora	rporation submits this statement for the patient's board of directors. I hereby acception	uroose of	changing its intment as i	s registered registered
	Signative Papers or printed his religible est	agent and little if approable (NC)TE: Registere	d Age	nt signature req	uired when reinstating)	DATE		
12.	OFFICERS 2	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
30115	D	☐ DELETE	DELETE 1.1 T					Change	Addition
NAM:	NYBERG, PETER J.		1.2 N						
STREET ADDRESS	2975 OVERSEAS HWY		1.3 \$	TREET	ADDRESS				
City-St 7iP	MARATHON FL	DE) FIE		-	T-ZIP			Change	Addition
Title	☐ DELETE			TLE				Change	Marrion
NAME		•	. 221		ADDRESS				
STREET ADDRESS						,			
C TY - ST - Ziff Ti*Lf		DELETE	31 TITLE		ST - ZIP			Change	Addition
NAME			3.2 N					_ *	
STREET ADDRESS					ADDRESS				
CITY - ST - Zit					ST-ZIP				
THLE	☐ DELETE			ITLE				Change	Addition
NAME			4. 21	NAME					
STREET AFORESS			4.3 9	TREET	ADDRESS				
COTY \$1-20			4.4 0	1TY - 9	T- ZIP				
TILLE		☐ DELETE	5.1 T	ITLE				☐ Change	Addition
NAMF			5.2 N	AME					
STREET ADDRESS			538	TREET	ADDRESS				
CHIY ST 79		7 no. ex-		_	IT-ZIP			0	A 2 2***
TITLE		☐ DELETE	617					Change	Addition
NAME				IAME					
STREET ATTORNESS					ADDRESS				
CITY - ST - 7IP	w cortifu that the information norm	alied with this films does not our			ST-ZIP emption stat	ed in Section 119.07(3)(i), Florida Statute	s I further	certify that	the
informatio Lam an o	ní indicated on this annual report	or supplemental annual report is n or the receiver or trustee empo	s true and owered to	acc	arate and th	at my signature shall have the same legs oort as required by Chapter 607, Florida S	il effect as	if made und	der oath; that

director

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR