

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 3:49

DOCUMENT # **K35534** (2)
1. Corporation Name
SC MARKETING, INC.

Principal Place of Business Mailing Address
16100 RIO RODEO DELRAY BCH FL 33446 **16100 RIO RODEO DELRAY BCH FL 33446**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/26/1988** 3a. Date of Last Report **01/25/1994**

4. FEI Number **65-0093957** 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

2. Principal Place of Business 2a. Mailing Address
21 **441 South Federal Hwy** 26 **441 South Federal Hwy**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 **Deerfield Beach FL** 28 **Deerfield Beach FL**
City & State City & State
24 **33441** 25 **U.S.A.** 29 **33441** 30 **U.S.A.**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

SUHANDRON, KENNETH
16100 RIO RODEO
DELRAY BCH FL 33446

10. Name and Address of New Registered Agent

81 Name **Suhandron, Kenneth**
82 Street Address (P.O. Box Number is Not Acceptable) **441 South Federal Hwy**
83
84 **Deerfield Beach FL** 85 **33441**
City 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 agent 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]

MARCH 23, 1995

(Printed, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	SUHANDRON, KENNETH
STREET ADDRESS	16100 RIO RODEO
CITY - ST - ZIP	DELRAY BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

11 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Suhandron, Kenneth	
13 STREET ADDRESS	441 South Federal Hwy	
14 CITY - ST - ZIP	Deerfield Beach, FL 33441	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 110.07(3)(b), 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 recipient or transferee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

MARCH 23, 1995 308-428-9001
(Local) (System Show #)