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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K46550

(5)

SCAN PROPERTIES, INC.

Principal Place of Business 2988 CASTLE WOODS LANE CLEARWATER PL 34619	Mailing Address 2988 CASTLE WOODS LANE CLEARWATER 12 34619-1810			
			3. Date Incorporated or Qualified 11/14/1988	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21 14 Standart Cam Dv	2a, Mailing Address 26 14 Simse	-Rish	4. FEI Number	Applied For
Sulta Apt # olo	Suite, Apr. #, etc.	Togeth.	26-3576761	Not Applicable \$8.75 Additional
22	27		Certificate of Status Desired	Fee Required
City State	City & State 28 Selecui	_	6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Ollegar	Country	Trust Fund Contribution	Added to Fees
24 34616 25 USA		0 715A.	This corporation has liability for Florida Statutes	Yes No
g, Name and Address of Curren			10. Name and Address of New Re	gistered Agent
TREFZ, ANNA Y. 2988 CASTLE WOODS LANE CLEARWATER FL 34619	1	83 /4 84 City B	ress (P.O. Box Number is Not Acceptal Sunsci Suy Clleary	FL 85 Zip Code
Pursuant to the provisions of Sections 607 050 office or registered agent, or both in the Series agent. I am familiar with, and accept the blige SIGNATURE: Signature, typed or printed name of rigisted of any	ANNI	the above-named corp inorized by the corporal da Statutes. 9	NEW HOUSE 33	ourpose of changing its registered the appointment as registered
	DOIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE D	DIVETE	1.1 1171.€		Change Addition
NAME HAEUSSLER, ANNA Y. STREET ADDRESS 2008 CASTLE WOODS LANE.	<i>f</i> /	1.2 NAME		
ALCOMAND DE LA COMANDA DE LA C		1,3 STREET ADDRESS		
CITY-ST-ZIP CLEANVAIGH 12.	DELETE	1.4 CITY - ST - 7IP 2.1 TITLE		Change Addition
NAME TREFZ, SCOT M.	/	2.2 NAME		
STREET ADDRESS 288 CASTLE-WOODS LANE	-/	2.3 STREET ADDRESS		
CITY-ST-ZIP CLEARWATER TE		2. 4 CITY- ST- ZIP		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		3.2 NAME		
CITY-ST-ZIP		3.3 STREET ADDRESS 3.4. CRY+ST-7IP		
TITLE	DELETE	4.1 117LE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CHY-SI-ZIP		
TITLE	DELETE	5 (1))(E		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	54 CHY-\$1-7IP 61 TIJLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	L] Diff. if	6.2 NAME		□ change □ Addition
STREET ADDRESS		6.2 NAME 6.3 STREET ADDRESS		
CITY ET 7ID		6 # CITY CL 7/0		

14. I do 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 logal effect as if made under early; 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 change(i), or on an attachment with an address