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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996		100000	9	DIVISION OF CORPORATIONS							
1. Corporation		L7950	7 (4	4)							
SCP	, INC.							E OPRIJANE BIT TARKA TRADI BATA B	Bill: 1881 A	illi didil bish	i Albid Arbii Albii a
Principal Place	e of Business		Mailing Address								
	PING ELM LANE OD FL 32779	214 WEEPING ELM LANE LONGWOOD FL 32779 US									
								3. Date Incorporated or Qualified 06/12/1990	3a. [Date of Last 05/01	
2. Principal P 1	lace of Business		2a. Mailing Address	3				4. FEI Number	_4 <u>.</u>		Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, et	c.		_		59-3020911		\$8.7	Not Applicable 75 Additional
City & State	e		City & State	·· · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired		Fe	a Required
3			28					Election Campaign Financing Trust Fund Contribution			.00 May Be
Zip 4	25	Country	Zφ	-	Country	/		8. This corporation has liability for		e tax under	
<u> </u>		Address of Current F	29 legistered Agent		30			Florida Statutes Yes 10. Name and Address of New F			
1404 1 4 4					81	ľ	Name		og.o.c.	on whole	
WILLIAMS, SHELI 214 WEEPING ELM				82	+	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	WOOD FL 327	91				├					
					84	Ļ	City				
11. Pursuant t	to the provisions of	of Sections 607 0500 an	d 607 4500 Fig. 11 0		1		•		F		Zip Code 32779
or register familiar wit	ed agent, or both	i, in the State of Florida. e obligations of, Section	Such change was auti 607.0505. Florida Sta	tatutes horized	s, the above-r d by the corp	nar Kora	med corpora ation's board	tion submits this statement for the pur i of directors. I hereby accept the appe	pose of pintment	changing its as registers	s registered office ed agent. I am
SIGNATURE	ŕ			iutes.						ū	•
12,	Signature, typed or print	ted name of registered agent and		(NOTE	Registered Ager	nts:	gnature required		DATE		
TITLE	DPV	OFFICERS AND D	DELETE		13.			ADDITIONS/CHANGES TO OFF	CERS A		
NAME	WILLIAMS	, sheli			1.2 NAME					☐ Change	Addition
STREET ADDRESS	214 WEEF				1.3 STREET	ΑD	ORESS				_
CITY - ST - ZIP	LONGWO	UU FL	DELETE		1.4 CITY - S	1-2	ZIP .			32	779
IAME.					2 1 TITLE 2 2 NAME		ł			☐ Change	Addition
STREET ADDRESS					2.3 STREET	ΑD	DRESS				
CITY - ST - ZIP					24 CITY-S	T - Z	HP.				
ITLE JAME			DELETE		3 1 TITLE					☐ Change	Addition
TREET ADDRESS					3.2 NAME 3.3. STREET	, Y U	iDBCCC				
CITY-ST-ZIP					3.4 CITY - ST						
ITLE			☐ DELETE		4. 1 TITLE					☐ Change	Addition
TREET ADDRESS					4 2 NAME						
HTY-ST-ZIP					4.3 STREET		i				
I7LE			☐ DELETE		4.4 CHTY - ST 5. 1 TITLE	- Z	P			☐ Change	[] Addition
AME					5.2 NAME					- Sumige	☐ Rodinori
FREET ADDRESS					53 STREET	ADC	PRESS				
ITY-S1-ZIP TLE			DELETE		5.4 CITY-ST	- 21	Р				· ·
AME	•		[] nereit		6 1 TITLE 6.2 NAME					☐ Change	☐ Addition
TREET ADDRESS					6.3 STREET A	4DD	DRESS				
ITY-ST-ZIP					64 CITY - ST	- 71	p				
 I do hereby certify that t 	certify that the in the information in	formation supplied with dicated on this annual re	this filing is voluntarily i port or supplemental :	furnish annual	ed and does report is true	nc e e	ot qualify for	the exemption stated in Section 119.0 and that my signature shall have the s	7(3)(k), F	lorida Statu	tes. I further
oath; that I appears in I	am an officer or c Block 12 or Block	director of the corporations 13 if changed, or on an	n or the receiver or tru i attachment ⊮ ith an a	stee e	mpowered to	e	xecute this r	and that my signature shall have the s eport as required by Chapter 607, Flor	ida Stat	व्य स्थास्टा as i utes; and th	ii made under at my name
		1 h. 1 = 1	/ /// -					A. 1.1 1 .			
SIGNATI	JKE: 🗘	I TUKU 1	Muy					4/16/94	- (407 Y	9 19/0

4/10/94 407 869 18/8