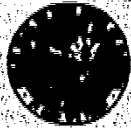


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 11:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N93000003154 (2)

1. Corporation Name
SCRUB 'J' HABITAT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**750 FRISCO ST. S.E.
PALM BAY FL 32909**

3. Date Incorporated or Qualified 07/08/1993	3a. Date of Last Report 04/29/1994
4. FEI Number 59-3216762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	29 Zip Country
24	30

9. Name and Address of Current Registered Agent
**SYKES, JOHN M
750 FRISCO ST. S.E.
PALM BAY FL 32909**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 office 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 John M. Sykes **JOHN M. SYKES** **4-10-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	SYKES, DORIS J
STREET ADDRESS	750 FRISCO ST. SE
CITY-ST-ZIP	PALM BAY FL 32909
TITLE	D
NAME	YUST, JOHN
STREET ADDRESS	2560 ROCKY POINT RD.
CITY-ST-ZIP	MALABAR FL 32950
TITLE	D
NAME	BARTLETT, MILTON L. REV
STREET ADDRESS	1351 CINDY CIR. NE
CITY-ST-ZIP	PALM BAY FL 32905
TITLE	D
NAME	AYERS, JACK
STREET ADDRESS	2938 KOSUTH DR. NE
CITY-ST-ZIP	PALM BAY FL 32905
TITLE	D
NAME	AYERS, SANDRA
STREET ADDRESS	2938 LPSITJ DR. NE
CITY-ST-ZIP	PALM BAY FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris J. Sykes, Secretary **DORIS J. SYKES** **4/10/95 (407) 727-6210**
Signature and typed or printed name of signing officer on Division Date Date Time