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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P92000014735 (4)

1. Corporation Name
SCG HOLDINGS, INC.

Principal Place of Business	Mailing Address
4000 HOLLYWOOD BLVD. HOLLYWOOD FL 33021	4000 HOLLYWOOD BLVD. HOLLYWOOD FL 33021-6751
% BankUnited, FSB	% BankUnited FSB
2. Principal Place of Business: 21 255 Alhambra Circle	2a. Mailing Address: 26 255 Alhambra Circle
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Coral Gables, FL	City & State: 28 Coral gables, FL
Zip: 24 33134 Country: 25	Zip: 29 33134 Country: 30

3. Date Incorporated or Qualified: 12/29/1992
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0376679 ☐ 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

9. Name and Address of Current Registered Agent

MITCHLER, WENDY M
C/O SUNCOAST SAVINGS & LOAN
4000 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: Nancy Ashton
82 Street Address (P.O. Box Number is Not Acceptable): 255 Alhambra Circle
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: Nancy Ashton
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	FINCH, ALBERT J.		1.2 NAME	James Dougherty
STREET ADDRESS	4000 HOLLYWOOD BLVD.		1.3 STREET ADDRESS	255 Alhambra Circle
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VCD	☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	KOVACIC, MARK S		2.2 NAME	Earline G. Ford
STREET ADDRESS	4000 HOLLYWOOD BLVD.		2.3 STREET ADDRESS	255 Alhambra Circle
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VCFO	☒ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	BROWDY, RICHARD L.		3.2 NAME	Samuel Milne
STREET ADDRESS	4000 HOLLYWOOD BLVD.		3.3 STREET ADDRESS	255 Alhambra Circle
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VT	☒ DELETE	4.1 TITLE	VS ☐ Change ☒ Addition
NAME	KIRCHMIER, EDWARD T.		4.2 NAME	Nancy Ashton
STREET ADDRESS	4000 HOLLYWOOD BLVD.		4.3 STREET ADDRESS	255 Alhambra Circle
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	Coral Gables FL 33134
TITLE	V	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KLONDAR, IRV		5.2 NAME	
STREET ADDRESS	4000 HOLLYWOOD BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP	
TITLE	VSD	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MITCHLER, WENDY M.		6.2 NAME	
STREET ADDRESS	4000 HOLLYWOOD BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Ashton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #