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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

941-9675576

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300058427 (4)

SCOPE ENHANCER, INC.

SIGNATURE:

Principal Place of Business Mailing Address							1 10011001 110 10101 11111 40111 40111 40111	BRIÐI MISKI ITIN BIÐSÐ	11011 1981 1981
320 MAIN STREET 320 MAIN STREET AUBURNDALE FL 33823-4102				1102					
							3. Date Incorporated or Qualified 08/16/1993	3a. Date of La 04/09/199	
2. Principal Place of Business			28. Mailing Address				4. FEI Number		Applied For
21	# -1	26	Suite, Apt. #, etc.				59-3198556		Not Applicable
Suite, Apt #, etc.			27				5. Certificate of Status Desired		75 Additional e Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be		
23		28		· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		ied to Fees
Zip			ountry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	25 9. Name and Address	29 s of Current Regi	stered Anent	30			Florida Statutes 10. Name and Address of New Reg		
DOL	GLAS, RONNIE R	o o o o o o o o o o o o o o o o o o o	310100 730111		81	Name	io. realization and realization realization	Joseph Agent	
320 MAIN STREET						Ohne ek Aleksis	- (DO D. N. L. L. N. A. L. N. L. N. A. L. N. L. N. A. L. N. L. N. A. L. N. L. N. L. N. L. N. A. L. N.		
AUBURNDALE FL 33823			82 Street Ad			Street Addre	ss (P.O. Box Number is Not Acceptab	ie)	
					83				
					84	City	<u> </u>	FL 85	Zip Code
11. Pursuant	to the provisions of Section	ns 607.0502 and	607.1508, Florida Stati	utes, the	above	e-named corpo	pration submits this statement for the p	urpose of changi	na its registered
l office or r	egistered agent, or both, i m familiar with, and accep	in the State of Flor	ida. Such change was	s authoriz	zed by	the corporati	on's board of directors. I hereby accep	t the appointmen	t as registered
SIGNATURE	. CALIFICATION, CITAL DEVEL	at the obligations t	or coordinate con coordinate.	IO IQU O	tatatas				
SIGNATURE.	Signature, typed or printed name o	registered agent and tit	cit applicable (NO	OTF: Registe	ered Age	nt signature require	d when reins(aling)	DATE	
12.	# CARMATCAR !! TEST C. (C. C. C	ICERS AND DIRE		13	3.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D		☐ DELETE	1.1	TITLE			☐ Char	nge L Addition
NAME	LUNDY, LARRY J			1.2	NAME				
STREET ADDRESS	720 HONEYCOMB LA			1.3	STREET	ADDRESS			
CITY - \$1 - 71P	AUBURNDALE FL 33	523	T on ore		CITY-S	T - 21P			
THE	D Douglas, Ronnie i	9	☐ DELETE	1	TITLE			Char	nge L Addition
NAME	320 MAIN STREET	٨		1	NAME				
STREET ADDRESS	AUBURNDALE FL 33	922				ADDRESS			
CITY - S1 - ZIP	AUDURIUME. I L 33	yey 	DELETE		4 CITY-S I TITLE	si - ZIP		Char	nge Addition
NAME			perere					المان ليبية	igo [] Addition
STREET ADDRESS					NAME	ADDRESS			
CITY-ST-ZIP									
111(E			DELETE		I. CITY-S I TITLE	31-217		Char	nge Addition
NAME					2 NAME				
STREET ADDRESS				1		ADDRESS			
CITY - ST - ZIP					CITY-S	l l			
Tille	1 - M 1 1		DELETE		TITLE	-		Char	nge Addition
NAME				5.2	NAME				
STHEET ADDRESS				53	STREET	ADDRESS			
CITY-\$1-ZIP					I CITY - S				
TITLE			DELETE		I TITLE			☐ Chai	nge Addition
NAME				6.2	NAME				
STREET ADDRESS				63	STREET	ADDRESS			
0.75. 67. 315						1			

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 (Schanged, or on an attachmen) with an address.