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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY -5 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000058785

1. Corporation Name

SCANPORT, INC.

Principal Place of Business	Mailing Address
1507 SE 47TH TERRACE CAPE CORAL, FL 33904	1507 SE 47TH TERRACE CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08-23-1993

4. FEI Number: 65-0467567 — [ ] 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 owes the current year intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2704 NORTHVIEW DRIVE
Suite, Apt. #, etc. 27
City & State 28 MC KINNEY TX
Zip 29 75070 Country 30 US

9. Name and Address of Current Registered Agent

BUTLER, GARY F.
HUMPHREY & KNOTT PA
1625 HENDRY ST, SUITE 301
FORT MYERS, FL 33901

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 _____ DATE
Signature, typed or printed name of registered agent, and if applicable, the office address. (NOTE: For profit corporations, the registered agent must sign.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	61 TITLE	PSD
NAME	ENELL, AKE	62 NAME	HANSSON-ENEL, ANN
STREET ADDRESS	PO BOX 1657 N/A	63 STREET ADDRESS	2704 NORTHVIEW DRIVE
CITY-ST-ZIP	CAPE CORAL FL 33910-1657	64 CITY-ST-ZIP	MC KINNEY TX 75070
	[ ] DELETE		XX Change [ ] Add/Or
TITLE	S	65 TITLE	
NAME	ENELL, AKE	66 NAME	
STREET ADDRESS	PO BOX 1657 N/A	67 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33910-1657	68 CITY-ST-ZIP	
	XX DELETE		[ ] Change [ ] Add/Or
TITLE	T	69 TITLE	T D
NAME	DAHLQVIST, TAGE	70 NAME	DAHLQVIST, TAGE
STREET ADDRESS	PO BOX 1657 N/A	71 STREET ADDRESS	2704 NORTHVIEW DRIVE
CITY-ST-ZIP	CAPE CORAL FL 33910-1657	72 CITY-ST-ZIP	MC KINNEY TX 75070
	[ ] DELETE		XX Change [ ] Add/Or
TITLE		73 TITLE	
NAME		74 NAME	
STREET ADDRESS		75 STREET ADDRESS	
CITY-ST-ZIP		76 CITY-ST-ZIP	
	[ ] DELETE		[ ] Change [ ] Add/Or
TITLE		77 TITLE	
NAME		78 NAME	
STREET ADDRESS		79 STREET ADDRESS	
CITY-ST-ZIP		80 CITY-ST-ZIP	
	[ ] DELETE		[ ] Change [ ] Add/Or

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****150.00 ****150.00

14. I 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, with all other like empowered.

SIGNATURE: _____ TAGE DAHLQVIST 214 914-9166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/5/99