

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000069225 (9) 1. Corporation Name SCRUB KING ENTERPRISES, INC.			
Principal Place of Business 6432 MASSACHUSETTS AVE NEW PORT RICHEY FL 34653		Mailing Address 6432 MASSACHUSETTS AVE NEW PORT RICHEY FL 34653	
2. Principal Place of Business 21 4118 U.S. 19 Suite, Apt. #, etc. 22		2a. Mailing Address 26 4118 U.S. 19 Suite, Apt. #, etc. 27	
City & State 23 NEW PORT RICHEY, FL Zip 24 34652 Country 25 USA		City & State 28 NEW PORT RICHEY, FL Zip 29 34652 Country 30 U.S.A.	
9. Name and Address of Current Registered Agent CIRONE, FRANK 4120 US HWY 19 NEW PORT RICHEY FL 34652		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOLAR, PATRICIA R 6432 MASSACHUSETTS AVE NEW PORT RICHEY FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	4118 U.S. 19 N.P.R., FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOLAR, DAVID A 6432 MASSACHUSETTS AVE NEW PORT RICHEY FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	4118 U.S. 19 N.P.R., FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOMBERLIN, LISA 6432 MASSACHUSETTS AVE NEW PORT RICHEY FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4118 U.S. 19 N.P.R., FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/30/1993	
4. FEI Number 59-3206950	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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

SIGNATURE: Patricia R. Kolar 4/21/98 (8/3) 844-3878

CR2E034 (10/97)