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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077732 (4)

SCS INVESTMENTS, INC.

## FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address		r sesarabet eine seriab einer die der der bestift bestift follen folgen folgen filtige (litte hoofe			
1900 S.E. 19TH STREET 1900 S.E. 19TH STREE POMPANO BEACH FL 33062 POMPANO BEACH FL					
FOMPANO BEACH FL 33062	POMPANO BEACH F	L 33062		DO NOT WRITE IN THIS	SSPACE
				3. Date Incorporated or Qualified	OFFICE
			_	11/05/1993	
2. Principal Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21	26			65-0450582	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	27			b. Certificate of Status Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip Country	28			Trust Fund Contribution	Added to Fees
	Zip	Country	/	8. This corporation owes or has paid the co	
24 25 9. Name and Address of Curren	29	30		Personal Property Tax due June 30.	Yes No
	r vedistelen våeut	81	Name	10. Name and Address of New Registered	Agent
SAATHOFF, CARL R.		[0,	INAME		
1900 SE 19TH ST		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
POMPANO BCH FL 33062		83			
		63			
		84	City		85 Zip Code
Description of the second of t			L	<u> </u>	<u> </u>
<ol> <li>Pursuant to the provisions of Sections 607.0502         office or registered agent, or both, in the State         agent. I am familiar with, and accept the obliga</li> </ol>	2 and 607.1508, Florida Stati of Florida. Such change was	utes, the abov s authorized b	e-named cor v the corpora	rporation submits this statement for the purpose a ation's board of directors. I hereby accept the an	of changing its registered in pointment as registered
agent. I am familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Statute	S.	терия и под предости под	pomitinosi do logidio od
SIGNATURE			···		
Signature, typed or printed name of registered age:  12. OFFICERS AND			ent signature requ	uired when reinstating) DATE	
TITLE D	DELETE	13.	·	ADDITIONS/CHANGES TO OFFICERS AN	
NAME SAATHOFF, CARL R					☐ Change ☐ Addition
STREET ADDRESS 2875 N.E. 191ST STREET S	TE 001	1.2 NAME			,
be balanta meradia me anaga	IE. WI	1.3 STREET			
CITY-ST-ZIP N. MIAMI BEACH FL 33180	DELETE	1.4 CITY-5	T-ZIP		
NAME	☐ DECEIE	2.1 TITLE			Change Addition
STREET ADDRESS		2.2 NAME			
		2.3 STREET		•	
CITY - ST - ZIP	☐ DELETE	2. 4 CITY-	ST-ZIP		
NAME	רו הנרנונ	3.1 TITLE			Change Addition
		3.2 NAME			
STREET ADDRESS		3.3 STREET			
CITY-ST-ZIP	☐ DELETE	3.4. CITY-1	ST-ZIP		
NAME	L_ DELETE	4.1 TITLE			Change Addition
i		4. 2 NAME			
STREET ADDRESS		4.3 STREET			
CITY-ST-ZIP RILE	T DOLLTE	4.4 CITY - 5	T-ZIP		
	☐ DELETE	5.1 TITLE		•	☐ Change ☐ Addition
NAME CARCEL ADDRESS		5.2 NAME			į
STREET ADDRESS		5.3 STREET			
CiTY-ST-ZiP	- Drieve	5.4 CITY - S	T-ZIP		
TITLE	☐ DELETÉ	6.1 TITLE			Change Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET	ADDRESS		
CITY-ST-ZIP		6.4 CITY - S	T-ZIP		

I riereby 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.

and Solut a godh M

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