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 # M18915 (6)

	SCO FINANCE INC.						
Principal Place of Business Mailing Address						581A1 118Et 1841A	idigi jinni Olli (966
1700 GULF-TO-BAY CLEARWATER FL 34015 337 CT CLEARWATER FL 34015 337 CT					DO NOT WRITE	IN THIS SPACE	-
					3. Date Incorporated or Qualified	114 11110 01 701	
					03/10/1994		
2. Principal Place of Business 2s. Mailing Address					4. FEI Number	T	Applied For
21 1700 Gulf to Bay B(Vd. 26)					59-3229858		Not Applica
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T T	.75 Additional
22		27				F	ee Required
City & State ClearWater FL. 28					Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
⊸ ^{Zip} ტევ	MCC Country	Zip]	Country		8. This corporation owes or has paid	`	
^{Zip} 3 3	104 25 PINEUQS		30		Personal Property Tax due June		
	HONEGGER, ARTHUR				10. Name and Address of New Rec	Jistered Agent	
11310 REGAL LANE							
			82	Street Add	ress (P.O. Box Number is Not Acceptable	le)	
U	ARGO FL 34644		83				
			84	City		F1 85	Zip Code
SIGNATURE					poration submits this statement for the pution's board of directors. I hereby accept accept the modern of the statement of the pution of the p	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PO	DELETE	1.1 TITLE	l		☐ CH	iange 🛄 Addit
NAME	HONEGGER, ARTHUR		1.2 NAME	1			
STREET ADDRESS	1 12100 00111 0111		1.3 STREET A	1			
CITY-ST-ZIP	LARGO FL	T protre	1.4 CITY - ST	- ZIP			
TITLE	NONECOUR MARKS	☐ DELETE	2.1 TITLE	-		☐ Cr	nange 🔲 Addit
NAME STREET ADORESS	HONEGGER, MARLIS 12433 N 66TH ST		2.2 NAME 2.3 STREET A	nnnree .			
	LARGO FL						
CITY-ST-ZIP	LANGO I L	DELETE	2 4 CITY-ST	~ £11°		∵. □ Ch	ange Addit
NAME	1		3.2 NAME	-			٠٠٥٥١٠ بينية - بي
STREET ADDRESS	. •		3.3 STREET A	DORESS			
CITY-ST-ZIP			3.4. CITY-ST				
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NAME			4. 2 NAME	Į			
STREET ADDRESS			4.3 STREET A	DDAESS			
CITY-ST-ZIP			4.4 CITY-ST	ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Ci	ange 🔲 Addit
NAME			52 NAME	(
STREET ADDRESS			5.3 STREET A	DORESS			

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 suppliemental 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 tocopyration 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 appear of the control of the second of the control of the second of the control of the second of the seco

5 4 CITY-ST-ZIP

6.3 STREET ADORESS

64 CITY - ST- ZIP

6 1 TITLE

6.2 NAME

SIGNATURE

CHTY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

4-22-98

FILED

May 05 1998 8:00am

Secretary of State

Change

Addition