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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028147 (4)

SCORPIO INVESTMENTS, INC. OF CENTRAL FLORIDA

Principal Place of Business Mailing Address 4 SCENIC HWY 425 W COLONIAL DR #101 LAKE WALES FL 33853 ORLANDO FL 32804-6863 3a. Date of Last Report 3. Date Incorporated or Qualified 04/13/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For Colonial De 730 W. 59-3235861 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State Election Campaign Financing \$5.00 May Be FI Trust Fund Contribution 23 Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, USA UZZPres □ No Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATEL, DHARMENDRA 425 W COLONIAL DR #101 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 84 Zip_Code 85 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 (NOTE flegistered Agent signature required when reinstating) Signature, typed or pointed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition TITLE 1.1 TITLE NAME PATEL, DHARMENDRA 1.2 NAME w colonial Drive 425 W COLONIAL DR #101 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 1.4 CHY- ST - ZiP CITY-ST-ZIP DELETE Addition TITLE DVS 21 IDLE NAME KANJI, AZINA 2.2 NAME STREET ADDRESS 425 W COLONIAL DR #101 2.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 2 4 CHTY - ST - 7IP Addition ☐ DELETE 31 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TO LE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6 1 THILE

6.2 NAME

DELETE

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 or changed, or on an attachment with an address. 407 MUTANE.

CIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIE

NAME

4-28-97

423-2371

Change

Addition

FILED

May 07 1997 8:00am

Secretary of State