

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031125 (5)

1. Corporation Name
SCBS, INC.



Principal Place of Business
6400 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309

Mailing Address
6400 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified 04/25/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0489907	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

DUKE, BRYAN
C/O STILES CORPORATION
6400 N ANDREWS AVE 5TH FLOOR
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 Zip Code
		300001812593 -05/08/96-01011-010 ***200.00 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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	STILES, TERRY W
STREET ADDRESS	6400 N. ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
TITLE	S
NAME	SCHEGEL, PATRICIA J
STREET ADDRESS	6400 N ANDREWS AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VP
NAME	PALMER, STEPHEN R
STREET ADDRESS	6400 N ANDREWS AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	T
NAME	EAGON, DOUGLAS P
STREET ADDRESS	6400 N ANDREWS AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VS SCHLEGEL, PATRICIA J
2.3 STREET ADDRESS	(same address)
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VT EAGON, DOUGLAS P
4.3 STREET ADDRESS	(same address)
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Stine, James W
5.3 STREET ADDRESS	(same address)
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Coffey, Kevin
6.3 STREET ADDRESS	(same address)
6.4 CITY-ST-ZIP	
7.1 TITLE	<input checked="" type="checkbox"/> Addition
7.2 NAME	Duke, Bryan W
7.3 STREET ADDRESS	(same address)
7.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Daytime Phone #

CR2E034 (12/95)