

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 # P94000034507 (1)

1. Corporation Name

SCS CONSULTING SERVICES, INC.

Principal Place of Business

2139 UNIVERSITY DR #293  
CORAL SPRINGS FL 33071

Mailing Address

2139 UNIVERSITY DR #293  
CORAL SPRINGS FL 33071



2. Principal Place of Business

2a. Mailing Address

21 2400 W. CYPRESS CREEK RD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #303

27

City & State

City & State

23 FT. LAUDERDALE, FL

28

Zip

Country

Zip

Country

24 33309

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/06/1994

3a. Date of Last Report

04/03/1995

4. FEI Number

65-0493261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

FILINGS INC  
3732 NW 16 ST  
FT LAUDERDALE FL 33311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 D  
NAME LAPAZ, EDUARDO R  
STREET ADDRESS 2139 UNIVERSITY DR #293  
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

V/T/S

☐ Change

☒ Addition

1.2 NAME

CATHERINE M. FERRIS

1.3 STREET ADDRESS

2139 UNIVERSITY DR. #293

1.4 CITY-ST-ZIP

CORAL SPRINGS, FL 33071

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Catherine M. Ferris

CATHERINE M. FERRIS

5/2/96

(954) 351-7727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)