

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 31 PM 12: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042109 (6)

1. Corporation Name

SCORE INTERNATIONAL, INC.

Principal Place of Business: 393 LAKEVIEW AVE LAKE MARY FL 32746  
Mailing Address: 393 LAKEVIEW AVE LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: 06/01/1994  
3a. Date of Last Report

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29 Zip: 30 Country:

4. FEI Number: 59-3250954 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

9. Name and Address of Current Registered Agent: MILLONIG, JOHN B JR. 393 LAKEVIEW AVE LAKE MARY FL 32746

10. Name and Address of New Registered Agent: 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: John B. Millonig, Jr.  
Type, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 7-24-95

12. OFFICERS AND DIRECTORS	
TITLE: PD	NAME: MILLONIG, JOHN B JR. STREET ADDRESS: 393 LAKEVIEW AVE LAKE MARY FL 32746
TITLE: VD	NAME: HARDY, HENRY STREET ADDRESS: 215 RABBIT RUN RD OSTEEEN FL 32784
TITLE:	NAME: STREET ADDRESS: CITY - ST - ZIP:
TITLE:	NAME: STREET ADDRESS: CITY - ST - ZIP:
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET 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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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: John B. Millonig, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 7-24-95

FILE NUMBER: 407-8340006

CR2E034 (3/95)