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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

P94000075361 (3)

| i. Corporation | niname | • | • | | | |
|---|--|---|------------------------|--------------------------------|---|---------------------------------------|
| SCOP | E TECH, INC. | | | | J 188 128 SI 414 SACII BIBIS MALII BOLII BOLII BO | |
| | | | | | | |
| Principal Place of Business Mailing Address | | | | | | |
| 2306 STAG CLEARWATE | | 2306 STAG RUN BLVI CLEARWATER FL 3461 | | | | |
| | | | | | 3. Date incorporated or Qualified 10/13/1994 | 3a. Date of Last Report 05/01/1995 |
| 2. Principal Place of Business 2a. Mailing Addres | | 2a. Mailing Address | | | 4. FEI Number 59-3272969 | Applied For |
| | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Not Applicable \$8.75 Additional |
| 22 27 | | 27 | | | Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| Zip Country | | 7/p | | | Trust Fund Contribution B. This corporation has liability for inte | Added to Fees |
| 24 | 25 | 29] | 30 | | Florida Statutes Yes [| , |
| ····· | 9. Name and Address of Curre | nt Registered Agent | 81 | Name | 10. Name and Address of New Reg | stered Agent |
| PERRY. | CHARLES | | | | | |
| 1100 CLEVELAND ST. | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| SUITE 900 | | | 83 | | | |
| CLEARWATER FL 34615 | | | 84 | City | | 85 Zip Code |
| 11. Pursuante | o the provisions of Sections 607.050 | 2 and £07.1508. Florida Statute | as the above-r | named corpor | ration submits this statement for the purpor | FL 69 Zip Code |
| or register | ed agent, or both, in the State of Flori th, and accept the obligations of, Sec | da. Such change was authoriz | ea by the corp | oration's boar | rd of directors. Thereby accept the appoint | tment as registered agent. I am |
| SIGNATURE _ | | , | | | | |
| 12. | Signature, typed or printed name of registered agent | t and little if applicable. (NO ID DIRECTORS | TE: Registered Ager | it signature require | | DATE |
| TITLE | T DELETE KITTELSON, MICHAEL | | 13. 1. 1 TITLE | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 12 |
| NAME | | | 1.2 NAME | | | onange needled |
| \$TREET ADDRESS | 2306 STAG RUN BLVD. | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER FL 34625 | | 1.4 CITY - ST - ZIP | | | |
| TITLE | CINOCO DAVAD | | 2 1 TOTLE | | | Change Addition |
| NAME STREET ADDRESS | 424 ELOBEC DE ODO | | 22 NAME | 4000400 | | |
| CITY-ST-ZIP | RANCHO SANTA FE CA 92067 | | 23 STREEF 24 CITY-S | | | |
| TITLE | 16 | | 3. 1 TITLE | | | Change Addition |
| NAME | | | 3.2 NAME | 1 | | |
| STREET ADDRESS | 2477 STAG RUN BLVD. | | 3.3. STREFT | ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 34625 | | 3 4 CITY-S | T-ZIP | //www.au.au.au.au.au.au.au.au.au.au.au.au.au. | |
| TITLE | S DYES, JERRY | | 4. 1 TITLE | | | Change Addition |
| NAME STREET ADDRESS | 400 APTIL OT | | 4.2 NAME 4.3 STREET | ADDRECC | | |
| DITY-ST-ZIP | BELLEAIR BEACH FL 33535 | | 4.4 CITY - S | 1 | | |
| TITLE | | | 5. 1 TillE | | | Change Addition |
| NAME | | | 5.2 NAM€ | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | |
| CITY - ST - ZIP | | | 5.4 CITY - S | 1 - 2IP | | |
| TITLE | DELETE 6.1 | | 6. 1 TITLE | | | Change Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 63STREET | ADDRESS | | |

64 City-S1-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 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplyed entail annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation on the receiver or trusted empowered to execute this report as required by Chaptey 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if clylinged, or an In all symment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF