

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 7 18:41

DOCUMENT # **P94000079643 (0)**

1. Corporation Name
SCAROL ENTERPRISES, INC.

Principal Place of Business: **99 FLAGLER PLAZA DR. PALM COAST FL 32137**

Mailing Address: **99 FLAGLER PLAZA DR. PALM COAST FL 32137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1994** 3a. Date of Last Report

4. FEI Number: **59-2276412** 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

2. Principal Place of Business

21. 99 Flagler Plaza Dr.	26. 99 Flagler Plaza Dr.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State: Palm Coast, Florida	28. City & State: Palm Coast, Florida
24. Zip: 32137	29. Zip: 32137
25. Country: Flagler	30. Country: Flagler

9. Name and Address of Current Registered Agent: **SCAROL, MICHELE 99 FLAGLER PLAZA DRIVE PALM COAST FL 32137**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *Michele Scarol* **Michele Scarol President** DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE	
NAME: Michele Scarol	12 NAME	12 NAME	
STREET ADDRESS: 99 Flagler Plaza Dr.	13 STREET ADDRESS	13 STREET ADDRESS	
CITY, ST, ZIP: PALM COAST, FL. 32137	14 CITY, ST, ZIP	14 CITY, ST, ZIP	
TITLE: VICE-PRESIDENT	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE	
NAME: MARIO SCAROL	22 NAME	22 NAME	
STREET ADDRESS: 99 FLAGLER PLAZA DR.	23 STREET ADDRESS	23 STREET ADDRESS	
CITY, ST, ZIP: PALM COAST, FL. 32137	24 CITY, ST, ZIP	24 CITY, ST, ZIP	
TITLE:	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE	
NAME:	32 NAME	32 NAME	
STREET ADDRESS:	33 STREET ADDRESS	33 STREET ADDRESS	
CITY, ST, ZIP:	34 CITY, ST, ZIP	34 CITY, ST, ZIP	
TITLE:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE	
NAME:	42 NAME	42 NAME	
STREET ADDRESS:	43 STREET ADDRESS	43 STREET ADDRESS	
CITY, ST, ZIP:	44 CITY, ST, ZIP	44 CITY, ST, ZIP	
TITLE:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE	
NAME:	52 NAME	52 NAME	
STREET ADDRESS:	53 STREET ADDRESS	53 STREET ADDRESS	
CITY, ST, ZIP:	54 CITY, ST, ZIP	54 CITY, ST, ZIP	
TITLE:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	
NAME:	62 NAME	62 NAME	
STREET ADDRESS:	63 STREET ADDRESS	63 STREET ADDRESS	
CITY, ST, ZIP:	64 CITY, ST, ZIP	64 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 the 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: *Michele Scarol* **Michele Scarol President** DATE: **4/30-0260**