

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 # P94000079643 (0)

1. Corporation Name
SCAROL ENTERPRISES, INC.



Principal Place of Business Mailing Address
**99 FLAGLER PLAZA DR
PALM COAST FL 32137
US**

3. Date Incorporated or Qualified **10/31/1994** 3a. Date of Last Report **05/31/1995**
4. FEI Number **59-3276412** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCAROL, MICHELE
99 FLAGLER PLAZA DRIVE
PALM COAST FL 32137**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	1. 2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	1. 3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1. 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2. 1 TITLE	
NAME	<input type="checkbox"/> DELETE	2. 2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	2. 3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2. 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	
NAME	<input type="checkbox"/> DELETE	3. 2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	3. 3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3. 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	
NAME	<input type="checkbox"/> DELETE	4. 2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	4. 3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4. 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	
NAME	<input type="checkbox"/> DELETE	5. 2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	5. 3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5. 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	
NAME	<input type="checkbox"/> DELETE	6. 2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	6. 3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6. 4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Michele Scarol, President* - Michele Scarol
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRESIDENT)

Date

Daytime Phone #

(904) 439-0260

CR2E034 (12/95)