

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000079643 (0)
1. Corporation Name
SCAROL ENTERPRISES, INC.



Principal Place of Business 99 FLAGLER PLAZA DR PALM COAST FL 32137 US	Mailing Address 99 FLAGLER PLAZA DR PALM COAST FL 32137-5965 US
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2. Principal Place of Business 21 34 Blowerhill Dr Suite, Apt. #, etc. 22 City & State 23 Palm Coast, FL Zip 24 32137 Country 25 Flagler	2a. Mailing Address 26 34 Blowerhill Dr Suite, Apt. #, etc. 27 City & State 28 Palm Coast, FL Zip 29 32137 Country 30 Flagler
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3. Date Incorporated or Qualified 10/31/1994	3a. Date of Last Report 02/02/1996
4. FEI Number 59-3276412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for inkingible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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)	34 Blowerhill Dr.
83	
84 City	Palm Coast FL
85 Zip Code	32137

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* (President) **Michele Scarol, President 4/29/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCAROL, MICHELE	
STREET ADDRESS	99 FLAGLER PLAZA DR	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCAROL, MARIO	
STREET ADDRESS	99 FLAGLER PLAZA DR	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	34 Blowerhill Drive
1.4 CITY-ST-ZIP	Palm Coast, FL 32137
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	34 Blowerhill Dr.
2.4 CITY-ST-ZIP	Palm Coast, FL 32137
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, President (904) 445-4651**

CR2E034 (9/96)