

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000085284 (5)**

1. Corporation Name  
**SCRYE, INC.**



Principal Place of Business  
**400 INDIAN ROCKS RD.  
SUITE C  
BELLEAIR BLUFFS FL 34640**

Mailing Address  
**400 INDIAN ROCKS RD.  
SUITE C  
BELLEAIR BLUFFS FL 34640**

3. Date Incorporated or Qualified <b>11/22/1994</b>	3a. Date of Last Report <b>04/13/1995</b>
4. FEIN in Brackets <b>59-3284068</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

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

9. Name and Address of Current Registered Agent

**HERSEM, THOMAS G  
400 INDIAN ROCKS RD.  
SUITE C  
BELLEAIR BLUFFS FL 34640**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. City	
84. City	

11. Pursuant to the provisions of Sections 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

Write Registered Agent's Name and Address (If Applicable)

Write Registered Agent's Name and Address (If Applicable)

FEES

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	OPST	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, JOANNE		2. NAME		
STREET ADDRESS	30617 US 19 N #700		3. STREET ADDRESS		
CITY-STATE-ZIP	PALM HARBOR FL		4. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			22. NAME		
STREET ADDRESS			23. STREET ADDRESS		
CITY-STATE-ZIP			24. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			32. NAME		
STREET ADDRESS			33. STREET ADDRESS		
CITY-STATE-ZIP			34. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY-STATE-ZIP			44. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY-STATE-ZIP			54. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY-STATE-ZIP			64. CITY-STATE-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 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 person or persons authorized or 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 in an applicable block if not changed.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOANNE WHITE**

March 1, 1996 (813) 785-2113

Do Not Write Here

CR2E034 (12/95)