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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000085284 (5)

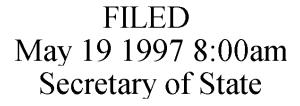
SCRYE, INC.

Principal Place of Business	Mailing 4

400 INDIAN ROCKS RD. SUITE C

ng Address

400 INDIAN ROCKS RD. SUITE C





BELLEAIR BLUFFS FL 34640		BELLEAIR BLUFFS FL 3377	BELLEAIR BLUFFS FL 33770-2059				
					 Date Incorporated or Qualified 11/22/1994 	3a. Date o 03/20/1	of Last Report 1996
	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3284068		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	 		5. Certificate of Status Desired	<u> </u>	8.75 Additional
22 City & Stal	la	City & State	<u>-</u>				Fee Required
23		28			6. Election Campaign Financing		\$5.00 May Be
Zip	Country	Zip	Countr	v	Trust Fund Contribution		Added to Fees
24	25	29	30	,	 This corporation has liability for Florida Statutes 	Yes N	
	9. Name and Address of Cur		1001		10. Name and Address of New F		
HER	SEM THOMAS G		81	Name			
400	INDIAN ROCKS RD. 142	I CT. STREET "A	β"	Observation of the	(C)		
-9611	FG (1) I	ARWATER, FL	62	Street Add	Iress (P.O. Box Number is Not Accept	able)	
BELL	EAIR BLUFFS FL 34640	THEONIER, PL	. 63		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		3461	6	<u> </u>			
			64	City		FL 8	5 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the abov	re-named cor	poration submits this statement for the	nurnana of oha	Inging its registered
Diffice: Of i	registered agent, or both, In the St im familiar with, and accept the ob	are of Fiorida. Such change was e	A DATISONIUS	v the corre	tion's board of directors. I hereby acc	ept the appointr	nent as registered
SIGNATURE							!
40	Signature, typed or printed name of registered			ent signature requ	ired when reinstating)	DATE	
12.	DPST OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TILE	WHITE, JOANNE	☐ DELETE	1.1 TITLE				Change
NAME	30617 US 19 N #700		1.2 NAME				
STREET ADDRESS	PALM HARBOR FL		1.3 STREE	T ADDRESS			
CITY - ST - ZiP	I ALM I WIDOIT I L	DELETE	1.4 CITY - 1	ST-ZIP			
TOLE		☐ DELETE	2.1 TITLE			L	Change
NAME			2.2 NAME			•	
STREET ADDRESS				TADDRESS			
CITY - ST - ZIP		Driete	2. 4 CITY-	ST-ZIP		·	A
TITLE		DELETE	3.1 TITLE			السا	Change
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	T ADDRESS			
CHY-ST-ZIP		I Deserte	3.4. CITY-	ST-ZIP			
TI ^T LE		☐ DETELE	4.1 TATLE			L) '	Change L Addition
NAMÉ			4. 2 NAME				
STREET ADDRESS			4.3 STREET	I ADDRESS			
C-TY - ST - 7IP			4.4 CITY - S	ST-21P			
TILLE		☐ DELETE	5.1 TITLE			السا	Change L Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	T ADDRESS			
CITY - \$1 - 2/P			5.4 CITY - S	ST-ZIP			
THLE		☐ DELETE	6.1 TITLE				Change Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CHTY - ST - ZIP			6.4 CITY-5				
14. Ldo here!	by certify that the information supp	lied with this filling does not gualify	y for the eve	mntion states	d in Section 119 07/3Vi), Florida Statut	on Hudber oor	tiby that the

supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that my he receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name by on an attachment with an address. Lam an officer or director of the corp appears in Block 12 or Block 13 if of

TI SOUND DWHITE

SIGNATURE:

MARCH 24, 1997 (813) 785-2113