

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2519 McMULLEN BOOTH RD Suite, Apt. #, etc. 22 SUITE 510-274 City & State 23 CLEARWATER FL Zip 24 33761		2a. Mailing Address 26 Suite, Apt. #, etc. 27 P.O. BOX 68 City & State 28 SAFETY HARBOR FL Zip 29 34695-0068		3. Date Incorporated or Qualified 11/22/1994	
4. FEI Number 59-3284068		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	
25 PINELLAS		30 PINELLAS		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERSEM, THOMAS G 1421 CT. STREET B CLEARWATER FL 34616				10. Name and Address of New Registered Agent 81 Name HERSEM, THOMAS G. 82 Street Address (P.O. Box Number is Not Acceptable) 1421 COURT ST. SUITE B 83 84 City CLEARWATER FL 85 Zip Code 34616			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPST	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WHITE, JOANNE		1.2 NAME	
STREET ADDRESS 30617 US 19 N #700		1.3 STREET ADDRESS 2519 McMULLEN BOOTH RD., STE 510-274	
CITY-ST-ZIP PALM HARBOR FL		1.4 CITY-ST-ZIP CLEARWATER, FL 33761	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 attached filing with an address.

SIGNATURE: _____

CR2E034 (10/97)