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FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000007372 (2)

1. Corporation Name
SKARCO PRESS, INC.

Principal Place of Business	Mailing Address
10400 GRIFFIN RD STE 204 COOPER CITY FL 33328 US	10400 GRIFFIN RD STE 204 COOPER CITY FL 33328 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1995

2. Principal Place of Business	2a. Mailing Address
21 1701 W Hillsboro Blvd	26 1701 W Hillsboro Blvd
Suite, Apt. #, etc. 22 Suite 401 305	Suite, Apt. #, etc. 27 Suite 401
City & State 23 Deerfield Beach, FL	City & State 28 Deerfield Beach, FL
Zip / Country 24 33442 / 25 USA	Zip / Country 29 33442 / 30 USA

4. FEI Number: 65-0555454 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLEMAN, GAYLE 200 E. LAS OLAS BLVD. STE. 1900 FORT LAUDERDALE FL 33301	81 Name: Kim Myrick 82 Street Address (P.O. Box Number is Not Acceptable): 1701 W. Hillsboro Blvd 83 # 401 84 City: Deerfield Beach FL 85 Zip Code: 33442

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: Kim Myrick CFO — DATE: 5/20/98
Signature, typed or printed name, of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LECHNER, SANFORD		1.2 NAME		
STREET ADDRESS	9441 SW 13TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MYRICK, KIM		2.2 NAME		
STREET ADDRESS	1100 SOUTH OCEAN BLVD #A-6		2.3 STREET ADDRESS	16641 Flagler Manor Circle	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33411	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LECHNER, BRIAN		3.2 NAME		
STREET ADDRESS	360 SE MIZNER BLVD 1509		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 attachment with an address.

SIGNATURE: Kim Myrick — Kim Myrick — 4/28/98 — 954-427-0304