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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000050640 (8)

SC2P, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 311 MASSALINA DRIVE 311 MASSALINA DRIVE PANAMA CITY FL 32401 PANAMA CITY FL 32401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3323965 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Zψ Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 Personal Property Tax due June 30. 25 2Ω 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOSER. CHRISTIANE M 311 MASSAUNA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 64 City Zip Code 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 Signature, typed or printed name of registronid agont and till elif applicable (NOTE: Registered Agent signature required when reinstaling) (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE MULLEN, STEVE NAME 1.2 NAME CRZEGS4 131 GRAND LAGOON SHORES DR. STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE MULLEN, PAGE NAME 2.2 NAME 131 GRAND LAGOON SHORES DR. STREET ADDRESS 2.3 STREE1 ADDRESS PANAMA CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ___ Addition MOSER, CHRISTIANE M NAME 3.2 NAME 311 MASSALINA DRIVE STREET ADDRESS 3.3 STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition MOSER, PAUL J NAME 4. 2 NAME 311 MASSALINA DRIVE STREET ADDRESS 4.3 STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition 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

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 suppliemental 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 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 chapter or or an attachment with an address.

SIGNATURE:

SIGNATURE:

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP