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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000068192

1. Corporation Name

SCANDALI, INC.

Principal Place of Business Mailing Address					
3409 PELICAN LANDING PKWY 3409 PELICAN LANDING PKWY					
2	C FL 22022	STE 2 BONITA SPRING FL 33923			DO NOT WRITE IN THIS SPACE
BONITA SPRINGS FL 33923 US		US			3. Date Incorporated or Qualifed
00					08/31/1995
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0606497 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Cartifesta of Status Decired \$8.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
City & State		City & State	- S	·	6. Election Campaign Financing 55.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country		Country		8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax
24	25	29 30	L		1 Crosman Frederity Family
9. Name and Address of Current Registered Agent 81 Name					10. Name and Address of New Registered Agent
004	ADALE LOUIS		81	Name	
	NDALE, LOUIS		82	Street Addr	ress (P.O. Box Number is Not Acceptable)
5668 EICHEN CIRCLE FT. MYERS FL 33919			83		
F1. N	MIENO FL 33919		83		
	-		84	City	FL 85 Zip Code
		O 4 COT 4509 Florido Statutos 1	the above	named corn	poration submits this statement for the purpose of changing its registered
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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.		ND DIRECTORS	13.	agrature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OFFICERS AN	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCANDALE, LOUIS	- ·	1.2 NAME		
STREET ADDRESS	5668 EICHEN CIRCLE	ł	1.3 STREET	ADDRESS '	1503 Whisperina Oaks Circle
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST	- 71P	1503 Whispering Oaks Circle Naples FL 34110 Genange Addition
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCIANDALE, DAWN	1	2.2 NAME		
STREET ADDRESS	5668 FICHEN CIR		2.3 STREET	ADDRESS 1	503 Whisparing Cake Circle
CITY-ST-ZIP	FT MYERS FL		2. 4 CITY-S	T-ZIP	503 Whisparing Oaks Circle Naples, FL 34110
TITLE	T I MI LIV T L	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		ļ
STREET ADDRESS		j	3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADORESS		j	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		
CITY-ST-ZIP			5.4 CITY-ST	r- ZîP	
TITLE	•	☐ DELETE	6.1 TTTLE	-	☐ Change ☐ Addition
NAME	•		6.2 NAME	ŀ	****

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, with all other like empowered.

3.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90005 047 ***150.00