FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000071169 (3) **DOCUMENT #**

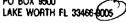
SCM REALTY II, INC.

Principal Place of Business

Mailing Address

5757 LAKE WORTH RD. LAKE WORTH FL

PO BOX 9500





95 JAN 23 PH 4: 22

SECHETAHY OF STATE TALLAHASSEE, FLORIDA



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Principal Place of Business 1		2a. Mailing Address	F=1		4. FEI Number 65 - 06/1 60 2	Applied For	
Suite, Apt. #, etc		Suite, Apt. #, etc.	···+····		03 061.000	Not Applicable	
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Orty & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
^{7φ} 24 33463	Country 25	29 33466-950d	Country 30		8. This corporation has liability for intangible Florida Statutes	*	
		of Current Registered Agent	1991		10. Name and Address of New Registere	d Agent	
			81	Name			
MOORE, STEPHEN C							
5757 LAI	ke worth RD.				ldress (P.O. Box Number is Not Acceptable)		
LAKE WO		83					
				City	F	85 Zip Code	
familiar with	of agent, or both, in the Sta), and accept the obligation signature, typed or printed name of e.	ite of Florida. Such change was authorizens of, Section 607.0505, Florida Statutes	ed by the corp	oratiori'	corporation submits this statement for the purpose of os board of directors, I hereby accept the appointment a property of the purpose of the submit	as registered agent. I am	
12.	OFH	CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
THE -	D	DELETE	1 1 TITLE		·	Change Addition	
NAME:	Moore, Stephen (0	1.2 NAME				
STREET ADDRESS	5757 LAKE WORTH	RD.	13 STREET ADDRESS				
C/1Y - \$1 - Z/P	Lake Worth FL	\subseteq 3	1.4 CITY - S	T-ZIP	GREENACAES, FL 334/61		
TITLE		DELETE	2 1 THILE		Seremay / TREASUREM	☐ Change ☑ Addition	
NAME			2 2 NAME		William WURANO		
STREET ADDRESS			2 3 STREET	ADDRESS	5757 Lake Walth Ret		
CHY-SI-ZIP			2 4 CITY - S	1-7P	total Gleensers pe	33466	
THELE		[] DELETE	3 1 TIFLE		000001	Addition Addition	
NAML			3.2 NAME		-02/06/960	11042	
STREET ADDRESS			3.3 STREET	ADDRESS	****200.00		
CHY-ST-ZIP			3 4 CITY - S	1- Z IF	ቀጥጥቸር∪∪∎∪ፀ	*****CUU.UU	
TET.F		DELETE	4. 1 TITLE			Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4 3 STREET	ADDRES\$			
CITY - ST - ZIP			4.4 CITY - S	T-ZIP			
Inte		DELETE	5 1 TITLE			Change Addition	
NAME			5 2 NAME				
STHEE! ADDRESS			5 3 STREET	ADORESS			
CITY - S1 - ZIP			5.4 CITY - S	T-ZIP			
H1'LF		DELETE	6. 1 THILE			☐ Change ☐ ddition	
NAME			6.2 NAME			-61	
STHEET ADDRESS			63 STREET	address		No. of the last of	
City-St-Zir	· · · · · · · · · · · · · · · · · · ·		6 4 CI1Y - S				
14. Ldo hereby	certify that the information	supplied with this filing is voluntarily form	shed and doe	not o	ighty for the exemption stated in Section 119 07/3/(b).	Iorida Statutas I further	

certify that the information indicated on this armus' report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, 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:

CR2E034 (12/95)