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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080688 (1)

SCORPION TRADING CORP.

Principal Place of Business Mailing Address 400 HIGH POINT DRIVE STE 375 400 HIGH POINT DRIVE STE 375 **COCOA FL 32926 COCOA FL 32926** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3378948 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HIGGINS, EDWARD J III 400 HIGH POINT DRIVE STE 375 82 Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32926** 83

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.

84 City

	and the state of the state of the		THE CONTROL			
SIGNATURE	Signature, lypod or pricted name of registered agent and the if a	unicable (MOII	- Basisland Apert signature	recuired when reinstations	DATE	
12.	OFFICERS AND DIRECTORS		Flagistered Apont signature required whon reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			S IN 12
TITLE	D	DELETE	1.1 TITLE	DP	Change	Addition
NAME	HIGGINS, EDWARD J III		1.2 NAME		·	
STREET ADDRESS	4021 CAREYWOOD DRIVE		1.3 STREET ADDRESS			
CITY-S1-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP			
TITLE	S	DELETE	2.1 TITLE		☐ Change	Additio
NAME	ANDERSEN, ROBERT E. J		2.2 NAME	İ		
STREET ADDRESS	400 HIGH POINT DRIVE, SUITE 300		2.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Additio
NAME			3.2 NAME	1		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST- ZIP	<u> </u>		
TITLE		DELETE	4.1 TITLE	ļ	Change	Additio
NAME			4. 2 NAME *			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Additio Additio
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	61 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
OITY OT JID			CAPITY_CT 7IP			

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 adcurate 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 chapter, or on an attactment with an address

ROBER E ANDRESON TO \$2000

467

Zip Code

B5

FILED

Mar 26 1998 8:00am

Secretary of State