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 # P96000011743

SCUDBUSTER INC.

Principal Place of Business

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90156 025 ***158.75



2400 W CYPRESS CREEK RD. SUITE 100 FT LAUDERDALE FL 33309		2400 W CYPRESS CREEK RD. SUITE 100 FT LAUDERDALE FL 33309		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed					
					02/07/1996				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			lied For	
21		26-5200 N.W. 23-AVE			65-0654463		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional					
22		27 20 /	27 20 /		Fee Required				
City & State		City & State 28 FT. LAUNC			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	29 2309 30 Cou			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent			
V) EII	N IEEEDEV C		81	Name				Ì	
KLEIN, JEFFREY G 2600 N MILITARY TRAIL, SUITE 270				82 Street Address (P.O. Box Number is Not Acceptable)					
	A RATON FL 33431	V							
DOC	A NATON I'E 30401	_	83					į	
•		7	84	City	FI	85	Zip Co	ode	
		00 C07 4500 Ft	the above			f changi	na its r	enistered	
11. Pursuant office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	e of Florida Such change was aut	, the above	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	intment	as reg	stered	
agent. I a	m familiar with, and accept the oblig	gations of Section 607.0505, Florid	a Statutes	S.				}	
SIGNATURE	Signature, typed or printer hame of registered as	gent and title if applicable.	Wilstered Are	nt signature required	when reinstating) DATE				
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTOF	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			Ch		☐ Addition	
NAME	TELSEY, STEVEN		1.2 NAME						
STREET ADDRESS 2400 W CYPRESS CREEK RD, SUI		o, Suite 100	13 STREE	T ADDRESS				1	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-8	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE			CI CI	nange	Addition	
NAME			2.2 NAME					-	
STREET ADDRESS			2.3 STREE	T ADDRESS .				}	
CITY-ST-ZIP_			2. 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			☐ Ch	ange	Addition	
NAME	-		3.2 NAME					}	
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		57.00	•		
TITLE		☐ DELETE	4.1 TITLE			Ch	ange	☐ Addition	
NAME			4.2 NAME					l	
STREET ADDRESS			4.3 STREE	TADDRESS				İ	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				F7 4 1 190 .	
TITLE		☐ DELÉTE	5.1 TITLE			☐ CH	nange	☐ Addition	
NAME			5.2 NAME					j	
STREET ADDRESS		. 9	1	T ADDREŚS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5:4 CITY-5	ST-ZIP		·			
TITLE		· □ DELETE• · · ·	6.1 TITLE	,	• • •	[] C)	nange	☐ Addition	
NAME			6.2 NAME	.,	•				
STREET ADDRESS				TADDRESS					
	}		6.4 CITY-5	ST-7(P				ļ	

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 received. Instee 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 effect like empowered.

SIGNATURE