

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

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Pg. 1 of 2

97 DEC 16 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PC16000046371

1. Corporation Name

STATE CERTIFIED DEAKS CORPORATION

Principal Place of Business Mailing Address

2215 Amesbury Court
Wellington, Florida 33414

2. Principal Place of Business	2a. Mailing Address
21 2215 Amesbury Ct.	26 2215 Amesbury Ct.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Wellington, Florida	28 City & State Wellington, Fl.
24 Zip 33414	29 Zip 33414
Country Palm Beach	Country Palm Beach

3. Date Incorporated or Qualified May 21, 1996	3a. Date of Last Report
4. FEI Number 605-0798581	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Alan Young
2215 Amesbury Ct.
Wellington, Fl. 33414

10. Name and Address of New Registered Agent

81 Name
N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83 200002376952--2
-12/18/97--01100--019

84 City
****550-FL ****550.00

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: Alan Young DATE: 12/11/97

Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Alan Young	
STREET ADDRESS	2215 Amesbury Ct.	
CITY-ST-ZIP	Wellington, Fl. 33414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Alan Young DATE: 12/11/97

Signature and typed or printed name of signing officer or director

CR2E034 (9/96)

LAW OFFICES
ANN PORATH

pg. 2 of 2
WELLINGTON COUNTRY PLAZA
SUITE 209
12773 FOREST HILL BOULEVARD
WELLINGTON, FLORIDA 33414
TELEPHONE (561) 798-2907
FAX (561) 790-3519

September 25, 1997

Secretary of State of Florida
Division of Corporations
Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

Re: State Certified Scales Corp.

Dear Sir or Madam:

Enclosed please find The check of Alan Young, President of State Certified Scales Corp. as payment for dues and registration owed to date. Mr. Young just recently lost his wife to cancer and no longer has the application form. This action is taken to prevent an involuntary dissolution of the corporation. Please send a blank form to me And I will have Mr. Young complete it and return it to you.

Thank you for your courtesy in this matter.

Very truly yours,



Ann Porath

AP/vab
Enclosures