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

29

9. Name and Address of Current Registered Agent

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000071002 (5) DOCUMENT #

SCURA REFERRALS, INC.

25

FT. LAUDERDALE FL 33308

GAZDAK, DAMIAN J 5410 NE 22 TERRACE

Principal Place of Business	Mailing Address	I FOOTING LIFT FOR THE FEATURE OF THE STATE	
5410 NE 22 TERRACE FT. LAUDERDALE FL 33308	5410 NE 22 TERRACE FT. LAUDERDALE FL 33308-3223		
		3. Date Incorporated or Qualified 3a. Date of Last Report 08/27/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For	
[21]	26	Not Applica	
Suite, Apt #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country	Zip Country	8. This corporation has liability for intangible tax under s. 199.032.	

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83 City Zip Code 85 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.

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Name

Florida Statutes

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

10. Name and Address of New Registered Agent

SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 100.E D DELETE 1.1 TITLE Change Addition GAZDAK, DAMIAN J 1.2 NAME NAME 5410 NE 22 TERRACE STREET ADDRESS 1.3 STREET ADORESS FT. LAUDERDALE FL 33308 CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Addition Change 101.0 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - 20 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY ST ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 2IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition THEF 6.1 TITLE NAME: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. If 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:

FILED

Apr 29 1997 8:00am

Secretary of State

Applied For Not Applicable

96/6)