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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000075172 (2)

S. C. D. ENTERPRISES INC.

		HAMP HIV.											
Principal Plac	e of Busines	SS	Mailing A	Mailing Address					<b>                                    </b>	IN BUNN BUNN \$670	0 D144 10001 4	1101 11 <b>7</b> 11 10010	
2230 N.E. HWY ARCADIA FL 34				2230 N.E. HWY 70 UNIT "A" ARCADAA FL 34266									
									3. Date Incorporate 09/09/1996	d or Qualified	3a. Da	ate of Last R	leport
2. Principal P	Place of Busin	ness	2a. Mailin	2a. Mailing Address					4. FEI Number	20100		Ar	oplied For
21			26						59-339	19192			of Applicable
Suite, Apt.	#, <b>6</b> 1C.			Suite, Apt. #, etc.					5. Certificate of Star	tus Desired			Additional equired
22 City & Stat	е		27 City &	City & State					€ Floation Compai	an Einanning	···-		
23			28	<del></del>					<ol><li>Election Campaign Trust Fund Contr</li></ol>		П		May Be to Fees
Zip	Zip Country			Zip Cou					8. This corporation				
24		25	29	29 30					Florida Statutes		Yes [		. 110.002
9. Name and Address of Current			nt Registered A					1	0. Name and Addr	ess of New Re	gistered	Agent	
	TIN, A.P.					81	Name	)					
	S.W. CLO Adia Pl	VER DRIVE					Street	Addross	(P.O. Box Number i	s Not Acceptab	le)		
, , , , ,						83							
e e	*			·		84	City				FL	<b>85</b> Zip	Code
office or r agent. I a SIGNATURE	regi <b>ste</b> red ag am <b>fa</b> miliar w	sions of Sections 607.05 gent, or both, in the Stati ith, and accept the oblig or printed name of registered as	e of Florida. Suc gations of, Sectio	h change was a in 607.0505, Flo	iuthorized orida Stat	d by utes	the cor	rporation's	tion submits this stat s board of directors, hen reinstating)	ement for the p I hereby accer	urpose of of the app	changing it ointment as	ls registered registered
12.	Signature, typod		VD DIRECTORS	ine (14571E	13.	) Agei	ni s gnaiun	ie redaico wi	ADDITIONS/CHAN	IGES TO DESIG		DIRECTOR	RS IN 12
TITLE	PD							PD				Change	Addition
NAME	DANLEY, CHRISTOPHER A			1.21		L2 NAME DAN		DANLE	ey, CHRISTOP	ER-A		•	
STREET ADDRESS				1.3 S			ADDRESS	223	DNE HOY	70 13406	Y-01		
CITY-ST-ZIP	ARCADIA	FL 34266		1.4			1 - <b>Z</b> IP	ARCADIA, IFL 34266					
TITLE	STD			☐ DELFTE				BUL	3	_		Change	Addition
NAME	DANLEY,							DANH	ey, Susant				
STREET ADDRESS				2.3			ADORESS	723	ד אישון שים סו	D BLDGA	-01		
CITY-ST-ZIP	ARCADIA	FL 34266			2. 4 CI	IY-S	1- <b>2</b> IP	AR	Cadia, Fl	34266			
TITLE				DELFTE 31		LF						Change	Addition
NAME	1			3.2 N									
STREET ADDRESS				3.3 STREET ADDRESS								ĺ	
CITY-ST-ZIP			·····	DECEMBER 1	3.4. CI		T - 71P	<b>-</b>				П'сь	1,000
TITLE				DELETE	4.1 1)1							Change	Addition
NAME				4.21									
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP	<del></del>			DELETE	4 4 CI		1 · 71P	ļ				Change	Addition
TITLE NAME					51 III 52 NA			1				T CHAILBE	רייין אטטוווטוון
STREET ADDRESS					5 2 NA		YDD0100						
·							ADDRESS						
CITY-ST-ZIP TITLE				DELETE	5.4 C/1 6.1 T/f	_	· ZIF					Change	Addition
NAME					6.2 NA							L Griange	L. J Muunioli
							ADDOCCO.						
STREET ADDRESS					0.3 \$1	ntt I /	ADDRESS						

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 supplienental 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.