

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

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000076081 (4)

1. Corporation Name  
SCS COMMUNICATIONS, INC.



Principal Place of Business  
6551 NORTHEAST 21 ROAD  
FORT LAUDERDALE FL 33308

Mailing Address  
6551 NORTHEAST 21 ROAD  
FORT LAUDERDALE FL 33308-1057

2. Principal Place of Business  
21 229 South Federal Hwy

2a. Mailing Address  
26 229 South Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Pompano Beach, FL.

27 City & State  
28 Pompano Beach, FL.

24 Zip 33062-9322 25 Country

29 Zip 33062-5322 30 Country

3. Date Incorporated or Qualified  
09/12/1996

3a. Date of Last Report

4. FEI Number  
65-069-2483

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name  
Moskowitz, Mandell & Salim, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
800 Corporate Drive Suite 510  
83 Att: William Salim  
84 City  
Fort Lauderdale FL 85 Zip Code  
33334

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 NEALE M. SANCHEZ *Neale M. Sanchez*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
PSTD  
SANCHEZ, NEALE M  
STREET ADDRESS  
6551 NORTHEAST 21 ROAD  
CITY-ST-ZIP  
FORT LAUDERDALE FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
CEO  
Neale M. Sanchez  
6551 NE 21st Road  
Fort Lauderdale, FL 33308

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
President & General Manager  
Wallace R. Stachowicz  
6551 NE 21st Road  
Fort Lauderdale, FL 33308

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Vice President, Operations  
Samantha Brafford  
651 NW 43rd Ct.  
Oakland Park, FL 33309

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 *Neale M. Sanchez*

CR2E034 (9/96)