

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 OCT 20 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082219 (2)

1. Corporation Name  
SCAZUPO, INC.



Principal Place of Business

506 AVERY AVENUE  
CRYSTAL BEACH FL 34681

Mailing Address

506 AVERY AVENUE  
CRYSTAL BEACH FL 34681

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 352 Albert St

2a. Mailing Address

26 352 Albert St

4. FEI Number

59-340-3301

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Dunedin, FL 34698

Suite, Apt. #, etc.

27 Dunedin FL.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 34698

City & State

28 Dunedin FL.

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

24 25 45A

Country

Zip

29 34698

Country

30 USA

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.  
1301 SEMINOLE BLVD. #155  
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/1/97

12. OFFICERS AND DIRECTORS

TITLE P SCAGNELLI, PAUL ☒ DELETE

NAME 506 AVERY AVENUE  
STREET ADDRESS CRYSTAL BEACH FL 34681  
CITY-ST-ZIP

TITLE Pres. ☐ DELETE

NAME Paul Scagnelli  
STREET ADDRESS 352 Albert St.  
CITY-ST-ZIP Dunedin, FL 34698

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 any attachment with an address.

SIGNATURE:

REQUIRED

CR2E034 (4/97)