

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90067 033 ***150.00

DOCUMENT # P96000082219

1. Corporation Name
SCAZUPO, INC.



Principal Place of Business
352 ALBERT ST
DUNEDIN FL 34698

Mailing Address
352 ALBERT ST
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/1996

4. FEI Number
59-3403301

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 7501 124th Ave. North

Suite, Apt. #, etc.
22 Suite G

City & State
23 Largo Florida

Zip Country
24 33773 25 USA

2a. Mailing Address
26 7501 124th Ave. North

Suite, Apt. #, etc.
27 Suite G

City & State
28 Largo, Florida

Zip Country
29 33773 30 USA

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 Paul Scagnelli
82 Street Address (P.O. Box Number is Not Acceptable)
7501 124th Ave. N. Suite G
83
84 City Largo, FL 85 Zip Code 33773

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

Paul Scagnelli

DATE 2-1-99

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 P
NAME SCAGNELLI, PAUL
STREET ADDRESS 352 ALBERT ST
CITY-ST-ZIP DUNEDIN FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Scagnelli, Paul
1.3 STREET ADDRESS 7501 124th Ave North
1.4 CITY-ST-ZIP Suite G, Largo, FL 33773

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Paul Scagnelli
Paul Scagnelli

2/1/99

Date

727-530-4137

Daytime Phone #

CR2E034 (11/98)