FILI	NOW: FILING FEE	AFTER MAY	1ST IS \$	550.	.00			\bigcirc
	PROFIT RPORATION UAL REPORT 1998		DA DEPARTMEN Sandra B. Mor Secretary of S	tham tale		FILED		O
DOCU	MENT # P970	000649				28 MAY 19 AM S	: 57	
			SEUNE FART OF S	ATE				
SCALAWAG, INC						TALLAHASSEE, FL	TIMIDA	
_	ce of Business	Mailing Addres 홍용장기						
8337 haton Avenue 8337 Haton Therforville, FL 32211 Therson VILL						DO NOT WRITE IN TH	HS SPACE	
				32211		3. Date Incorporated or Qualified	III OI NOC	
Principal (Place of Business	2a. Mailing Add	ress			4. FEI Number 59 - 3460021		oplied For
Suite, Apt	. #, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	Additional
City & Sta	le .	City & State		, ,,-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be
Zip	Country 25	Zip 29	30	Country		This corporation owes or has paid the Personal Property Tax due June 30.	current year Int	
	9, Name and Address of Curr			Т		10. Name and Address of New Register		
	7	- (.)		81	Name			
	READ , DENNY	. φ	,	82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	8337 ALTON	11 3 1	: 2211	83				
	JACKSONVILLE	, , , ,		84	City		85 Zip	Code
					•		-L	
office or agent. I	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	1502 and 607.1508, Flor ate of Florida. Such cha figations of, Section 607	ida Statutes, the nge was authori 7.0505, Florida S	above ized by statutes	a-named corp the corporat 3.	poration submits this statement for the purposion's board of directors. I hereby accept the	e of changing it appointment as	registered
SIGNATURE								
12.	Signature, typed or printed name of registered of OFFICERS A	AND DIRECTORS		3.	nt signature requir	ed when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS	· · · · · · · · · · · · · · · · · · ·	3S IN 12
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			5 DELETE 6. 6.	4 CMY+S 1 TITLE 2 NAME	ADDRESS		Change	Al Adding

14. Thereby certify that the information supplied with this filing closs not qualify for the exception 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 trusted 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 min an address.

SIGNATURE:

SIGNATURE:

RESIDENT 5 IS 98 (904) 241-2533