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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000100462 (5)

SCARI, INC.

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					a samende sin enter enter nater beite Bater Bater dinin ditte biter icht	
1720 HARRISON ST., 7TH FLOOR 1720 HARRISON ST., 7TH FLOOR						
HOLLYWOOI	0 FL 33020	HOLLYV	HOLLYWOOD FL 33020			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						11/25/1997
2. Principal F	Place of Business	2a, Mailin	2a. Mailing Address			4 FFI Number - Applied For
21		26	26			65-0807988 Not Applicable
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			\$8.75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & State		City 8	City & State			Election Campaign Financing \$5.00 May Be
23	<del>-</del>	28				Trust Fund Contribution
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
24	25   9, Name and Address of C	urrent Registered A		30	•	Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY  81 Name						
1004 HAVE STORET						FRED Chikousky Esa
TALLAHASSEE FL 32301-2525					Street	Address (P.O. Box Number is Not Acceptable),
16	INDA WOOCH I F OFON LEASO			83		120 HARRISON SIRAGI
						7 Floor
				84	City	Holly wood FL 85 Zip Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.150	8. Florida Statute:	s, the above	e-named	corporation submits this statement for the purpose of changing its registered
office or I	registered agent, or both, in the	State of Florida, Suc	th change was at	thorized by	the corp	poration's board of directors. I hereby accept the appointment as registered
2/5/20						
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applica	ble. (NOTE:	Registered Age	nt signature	required when reinstating) DATÉ
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	POVS		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHIKOVSKY, FRED			1.2 NAME		
STREET ADDRESS	1720 HARRISON ST., 7T	H FLOOR		1.3 STREET	ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020			1.4 CITY-S	T - ZtP	
TITLE	T T T T T T T T T T T T T T T T T T T		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHIKOVSKY, FRED			2.2 NAME		
STREET ADDRESS	1720 HARRISON ST., 7T	H FLOOR		2.3 STREET	address	
CITY-ST-ZIP	HOLLYWOOD FL 33020		Lociere	2. 4 CITY - S	T-ZIP	BACA BOOM ALL
TITLE			☐ DEL <b>ete</b>	3.1 TITLE		SECRETARY Change Addition
NAME				3.2 NAME		MARGARET PICOU- BARA 1720 HARRISON STREET HOLLY WOOD, FLORIDA 33020
STREET ADDRESS				3.3 STREET	address	1720 AMERISON STREET
CITY-ST-ZIP		<del></del>	DELETE	3.4. CITY - S	T-ZIP	Holly wood, Floring 33020
TITLE			ب مديدان	4.1 TITLE		▼ □ Change □ Aubikuli
NAME expect annuece				4.2 NAME 4.3 STREET	*PUBLEC	
STREET ADDRESS				4.4 CITY - ST		
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE	1-212	☐ Change ☐ Addition
NAME				5.2 NAME	Ì	
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY - ST		
TITLE			☐ DELETE	6.1 TATLE		☐ Change ☐ Addition
NAME				6.2 NAME		= · <b>-</b>
. Street address				6.3 STREET	address	
CITY-ST-ZIP				6.4 CITY - ST		
14. I hereby o				the exempt	ion state	of 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 eath; 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.						