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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000100462

Corporation Name
 SCARL INC

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90047 002 ***150.00

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Principal Plac	o of Business	Mailing A	ddress				- [[[[]]]	001 110 1011 1011 1001 001	CONTRACTOR	IS DEUISI DUSIN USI	RE ANTO HOU COA
1720 HARRISON ST., 7TH FLOOR 1720 HARRISON ST., 7TH FL							Ţ				
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020											
HOLETHOOD TE GOLD							1	DO NOT W	RITE IN TH	IS SPACE	
	·						3. Date Incor	porated or Qualife	ed		
2 Principal P	lace of Business	2a Mailin	g Address				4. FEI Numb			<u> </u>	Applied For
21		26					65-0807	988			Not Applicable
Suite, Apt.	#. etc.		Apt. #, etc.				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				Additional
22		27	.				5. Certifcate	of Status Desired		+ - · · -	Required
City & Stat	e		State -			— .	6. Election C	ampaign Financin	g n	\$5.0	0 May Be
23		28						d Contribution	· u _	,	d to Fees
Zip	Country	Zip		Count	гу		8. This corpo	ration owes the c	urrent year I	ntangible	1/
24	25	29		30			Personal F	Property Tax.		Yes	ZANo
	9. Name and Address of Curren	t Registered	Agent				10. Name and	d Address of Nev	v Registere	d Agent	
001	WOLLOW FOED F			8	1 Na	me					
	IIKOUSKY, FRED E			8	2 Str	eet Addre	ess (P.O. Box Nu	imber is Not Acce	ntable)		
	HARRISON STREET				-						
	FLOOR			8	3						
HOL	LYWOOD FL 33020			8	4 Cit	-				85 Zij	p Code
	·			ľ	- Cii	,			F	L °° -	p code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.150	8, Florida Statute	s, the abo	ve-nar	ed corpo	ration submits th	is statement for t	he purpose o	of changing i	ts registered
office or r	registered agent, or both, in the State of members with and accept the obligation	of Florida. Suc tions of, Sectio	ch change was au on 607.0505. Flori	thonzed b da Statute	y the c es.	orporatio	n's board of dired	ctors. I nereby ac	cept the app	ointment as	registered
SIGNATURE											
0,0,0,0	Signature, typed or printed name of registered agen	nt and title if applicab	ole. (NOTE: I	Registered Ag	ent signa	ture required	when reinstating)		DATE	·	
12.	. OFFICERS AN		S	Registered Ag	ent signa	ture required		S/CHANGES TO			
	OFFICERS AN				•	ure required		S/CHANGES TO		AND DIRECT	
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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.