PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000026660**1. Corporation Name

S/CAMPUS E, INC.

Principal Place of Business

Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90006 034 ***150.00



2. Principal Place of Business 2a. Malling Address 3.023/1998 4. FEI Number Applied For Not Applicable 50.0822/461 Not Applied Solutions 58.75 Additional Fee Required	6400 NORTH ANDREWS AVENUE 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPAC			PACE			
2. Principal Place of Business 2. A. Mailing Address 2. Sulfa, Apt. 6, etc. 2						3. Date Incorporated or Qualifed 03/23/1998		·		
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Zip	City & State City & State					1				
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DUKE, BRYAN W 8400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the adventure of the correlation of directors. I hereby accept the appointment as 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Spature, byte of grinder leaves of 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Spature, byte of grinder leaves of registered agent and give a speciate. 12.						10. Name and Address of New Registered Agent				
### CADO NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309 88 City	at their with their and a second seco					81 Name				
### PT. LAUDERDALE FL 33309 ### City FL 85 Zip Code ###					82 Street Address (P.O. Box Number is Not Acceptable)					
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 office or registered agent and use of Florida. Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS IN 12. 15. NAME 15. STILES, TERRY W. 15. STIL				83	<u></u>					
office or registered agent, or both, in the State of Florida, Succino 607/9505, Florida Statutes. SIGNATURE				84	City	. FL	85 Zip	Code		
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Signature, typed or ported name of registered agent and tild if application. NOTE Registered Agent agenture required with application.		, , , , , , , , , , , , , , , , , , , ,								
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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 of 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 changes, or on an attachment with ar address with all other like empowered.

SIGNATURE:

TO SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4/8/99

<u>954/776-9300</u>

Daytime Phone #