2002	2 UNIFORM BUS	NESS REPO	RT	(UBR)					0.772	0356911
DOCUMENT # P98000039845						Secretary of State				
1. Entity Name SCAL REAL ESTATE INVESTMENT GROUP INC.						02-08-2002 90				Ą
Principal Place of Business 440 COLUMBIA DRIVE. #300 WEST PALM BEACH FL 33409		Mailing Address 440 Columbia DRIVE, #300 West Palm Beach FL 33409			-					
		·····								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					_
City & State		City & State			4.	FEI Number 65-0831765			plied For t Applicable	
Zip	Country	Zip	Count	ry	5. (Certificate of Status Desired		8.75 Add		
	6. Name and Address of Current	Registered Agent		Name	7.	Name and Address of New Re	gistered Ag	ent		-
ROY, DAV	ve k Umbia drive, #300	Street Address			(P.O. Box Number is Not Acceptable)					1
	LM BEACH FL 33409									1
	Δ Δ			City			FL	Zip Code		1
8. The above	Anned entity submits this statement for	the purpose of changing its	registere	d office or register	red ag	ent, or both, in the State of Flor	ida.			
SIGNATURE .	SignAure/Met or printed nature of registered about a	nd title if applicable. (NOTE	Registered	Agent signature required	d when re	einstating)	DATE			
Tax filing r	pration is eligible to satisfy its Intangble requirement and elects to do so.	FILE NOW !!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			, ite	10. Election Campaign Fina Trust Fund Contribution	× –	\$5.0 Added	0 May Be to Fees	
11. [:]	OFFICERS AND D		12. TITLE		AD	DITIONS/CHANGES TO OFFIC		Change	SIN 11	E
NAME STREET ADDRESS CITY-ST-ZIP	ROY, DAVE K			T ADDRESS ST-ZIP			-			E034 (9/01)
TITLE		Delete	TITLE					Change	Addition	CR2E
NAME Street address City-St-Zip			STREE	T ADDRESS						
TITLE		Delete	TITLE				C	Change	Addition	
STREET ADDRESS*			STREE	T ADDRESS ST-ZIP						
TITLE		Delete	TITLE			<u> </u>		Change	Addition	1
NAME STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP TITLE		Delete	CITY-	ST-ZIP				Change	Addition	ł
NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP TITLE		Delete	CITY-: TITLE	ST-ZIP				Change	Addition	-
NAME STREET ADDRESS			NAME	T ADDRESS			L	_ onungs		
CITY-ST-ZIP	Δ		CITY-	ST-ZIP						
 I hereby c indicated of the cor changed, 	certify that the information supplied with on this report or supplemental report is poration or the received or trustee empo or on an attachment with an address, w	this filing does not qualify for true and accurate and that m veried to execute this report a in all other like empowered.	the exen iy signatu as require	nption stated in Se ure shall have the ed by Chapter 607	ection same 7, Flori	119.07(3)(i), Florida Statutes, I legal effect as if made under or ida Statutes; and that my name	further certify ath; that I am appears in E	that the in an officer Block 11 or	iformation or director Block 12 if	
SIGNAT		WE REQUER		A		125/02	561 Dayti	- 616 me Phone #	-0064	