PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90279 034 ***150.00

	
DOCUMENT #	B0000000000000
DOCOMENI#	P98000066840
f Compration Name	, 000000000.0

SCB USA, INC.

Principal Pta	ce of Business



Principal Place	e of Business	Malling Address		
2190 MAIN STR	EET-	-2190 MAIN STREET		
SARASOTA FL	34237 -	SARASOTA FL 34237		DO NOT WRITE IN THIS SPACE
\mathbf{V}				3. Date Incorporated or Qualifed
Χ				07/30/1998
/ \		<u> </u>	_ 	4. FEI Number Applied For
2. Principal P	lace of Business	2a. Mailing Address	RANIVAA	V 65-0855463 Not Applicable
21 6 // 1	OCO BAN YAN	26 6719 OCD 1	JETO YEAR	58.75 Additional
Suite, Apt.	#, etc. WAY	Suite, Apt. #, etc.	WAY	5. Certificate of Status Desired Fee Required
22		27		
City & State		City & State	I/	6. Election Campaign Financing
23 NA	PLES, PL	28 NATCES	τ -	
_Z)p	Country		Country	8. This corporation owes the current year intengible Personal Property Tax.
24 54/	UT 25 COLLIER	29 34 10 / 30	CAGICIE	Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent
	9. Name and Address of Current F	legistered Agent	201	(Co. 10. 32) = 1
145	NECH D CHRISTOPHED		81 Name	UNTER H. SCHADERI
	NSCH, P. CHRISTOPHER		82 Styres	eddrese (P.O. Box Number is Not Acceptable)
	MAIN STREET		KOI	19 UCD DANGAN WAY
SAR	asota fl 34237	2 4 1	63 <u> </u> /	
	no longer K	eg Agout	84 City	A D C E B5 Zp Code Q
1				ATES FL 34/0 1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above-named c	orporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of	Florida, Such change was authons of/Section 607.0505, Florida	nzed by the corpor Statutes.	orporation's suprisits this statement for the purpose of changing as followed attom's board of directors. I hereby accept the appointment as registered
	in familiar plan, and accept the doing to	F. 1		4/5/77
SIGNATURE	Signature, typed or printed name of registered agent as	ut tide if applicable. (NOTE: Regi	stered Agent signature rec	pured when reinstating) DATE @
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 6719 Old Barryan Way Naples, FL 34109
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	SCHUBERT, GUNTER		1.2 NAME	10 N A A A A A A A A A A A A A A A A A A
STREET ADDRESS	1660 TRADE CENTER WAY #1		1.3 STREET ADDRESS	Nanles FL 34109
•	-NAPLES FL 34109		1.4 CITY-ST-ZIP	Naples FL 34/09 &
CITY-ST-ZIP	744 220 72 0 7100	☐ DELETE	21 TITLE	☐ Change ☐ Addition ☐
			2.2 NAME	
NAME			2.3 STREET ADORESS	
STREET ADDRESS			2.4 CITY-ST-ZIP	
CITY-ST-ZIP			3.1 TITLE	Change Addition
TITLE		—	32 NAME	The same of the sa
NAME				1
STREET ADDRESS		1	33 STREET ADDRESS	
CITY-ST-ZIP			34. C/TY-ST-20P	Change Addition
TILE		OETE16.	43 m.e	· · · · · · · · · · · · · · · · · · ·
NAME			4. 2 NAME	
STREET ADDRESS			43 STREET ADDRESS	,
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PA. PARIS
TITLE			5.1 TITLE	Change Addition
NAME		1	5.2 NAME	}
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		į	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			62 NAME	i
STREET ADDRESS			83 STREET ADDRESS	
CITY-ST-ZIP		•	6.4 CITY-ST-ZIP	
U11-31-48				

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 suppliemental 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.