

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S64717 (9)  
1. Corporation Name  
SCIENTIFIC STUDIES CORPORATION

Principal Place of Business  
2250 QUAIL RIDGE  
PALM BEACH GARDENS FL 33418

Mailing Address  
2250 QUAIL RIDGE  
PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0302117	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROMAN, JAIME R. 2250 QUAIL RIDGE PALM BEACH GARDENS FL 33418				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when constituting)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ROMAN, JAIME R.			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	2250 QUAIL RIDGE				
CITY-ST-ZIP	PALM BCH GRDNS FL				
TITLE	VD	<input type="checkbox"/> DELETE		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, DENNIS W.			22 NAME	
STREET ADDRESS	10740 ELAND ST.			23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL			24 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME	
STREET ADDRESS				33 STREET ADDRESS	
CITY-ST-ZIP				34 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME	
STREET ADDRESS				43 STREET ADDRESS	
CITY-ST-ZIP				44 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME	
STREET ADDRESS				53 STREET ADDRESS	
CITY-ST-ZIP				54 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME	
STREET ADDRESS				63 STREET ADDRESS	
CITY-ST-ZIP				64 CITY-ST-ZIP	

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.

SIGNATURE: Jaime R Roman, Jaime R Roman, 04-07-98, 561-1911-0999

CR2E034 (10/97)