

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S80713 (8)

1. Corporation Name
S.C.A. & COMPANY, INC.



Principal Place of Business Mailing Address
735 COLORADO AVE. SUITE 6 STUART FL 34994 US

3. Date Incorporated or Qualified **09/16/1991** 3a. Date of Last Report **03/07/1995**
4. FEI Number **65-0387836** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 30.

9. Name and Address of Current Registered Agent

**HAIFFIELD, TAMARA
735 COLORADO AVE.
SUITE 6
STUART FL 34994**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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

Signature of principal or person in charge of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE DELETE
NAME **DPV**
STREET ADDRESS **HAIFFIELD, AUDREY LEA**
CITY-STATE-ZIP **435 W MAIN STREET ASPEN CO**
12.2 TITLE DELETE
NAME **ST**
STREET ADDRESS **HAIFFIELD, TAMARA**
CITY-STATE-ZIP **735 COLORADO AVE, STE 6 STUART FL**
12.3 TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
12.4 TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE Change Addition
13.2 NAME **D.P. Haisfield, Audrey Lea**
13.3 STREET ADDRESS **435 West Main Street**
13.4 CITY-STATE-ZIP **Aspen CO 81611**
13.5 TITLE Change Addition
13.6 NAME **S.T.V. Haisfield Tamara**
13.7 STREET ADDRESS **735 Colorado Ave. #6**
13.8 CITY-STATE-ZIP **Stuart, FL 34994**
13.9 TITLE Change Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 TITLE Change Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP
13.17 TITLE Change Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Tamara Haisfield, Vice President* 2/20/96 407-287-2416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (12/95)