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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S80713

Country

9. Name and Address of Current Registered Agent

25

HAISFIELD, TAMARA 735 COLORADO AVE. (8)

Mailing Address

SUITE 6

26

27

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29

735 COLORADO AVE.

STUART FL 34994-3031

2a. Mailing Address

City & State

Suite. Apt. #. etc.

S.C.A. & COMPANY, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

735 COLORADO AVE.

SUITE 6 STUART FL 34994

21

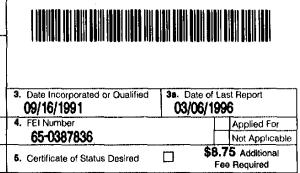
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Zip

FILED
Mar 28 1997 8:00am
Secretary of State



Yes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

\$5.00 May Be

Added to Fees

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 6 STUART FL 34994 83 84 City 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 Superine type of printed name of register is agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE TITLE HAISFIELD, AUDREY LEA NAME 1.2 NAME 435 W MAIN STREET 1.3 STREET ADDRESS STREET ADDRESS ASPEN CO CITY - ST - ZIP 1.4 DITY-ST-ZIP STV DELETE 2.1 TITLE Change ■ Addition TITLE HAISFIELD, TAMARA 22 NAME NAME 735 COLORDO AVE, STE 6 STREET AUDRESS 2.3 STREET ADDRESS STUART FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition THE 3.1 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition THE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - St - ZIP DELETE 5.1 TITLE Change Addition 1014 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP

Country

81

Name

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14. I do 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 occupration 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

TUTLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3/24/97 (5761) 287-2416

Change

Addition