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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$80713 1. Corporation Name

S.C.A. & COMPANY, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90141 002 ***150.00



Principal Place of Business 735 COLORADO AVE. SUITE 6 SUITE 6 SUITE 6 SUITE 735 COLORADO AVE. SUITE 6 SUITE 6 SUITE 735 COLORADO AVE. SUITE 755 COLORA	735 COLORADO AVE. SUITE 6 STUART FL 34994 US 2. Principal Place of Business 21 AIS Royal Po	738 SU ST	5 COLORADO AVE. ITE 6				
SUITE 6 STUART FL 34994 US US US US US 3. Date Incorporated or Qualifed 09/16/1991 2. Principal Place of Business 2. A. Mailing Address 4. FEI Number Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State Country Added to Fees Business FL 28 Business City & State Country Address of Country Suite, Apt. #, etc. 29 OSA 29 33480 25 USA 29 33480 25 USA 29 33480 20 10 Name and Address of Current Registered Agent HAISFIELD, TAMARA 735 COLORADO AVE. SUITE 6 STUART FL 34994 11. Pursuant to the provisions of Sections 807.0502 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 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 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 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP NAME HAISFIELD, AUDREY LEA STREET ADDRESS STREET ADDRESS SUBJECT ADDRESS STREET ADDRESS SUBJECT ADDRESS SIGNATURE 13. STREET ADDRESS AS STREET ADDRESS STREET A	SUITE 6 STUART FL 34994 US 2. Principal Place of Business 21 318 Royal Po	SU ST	ITE 6		DO NOT WRI	FE IN THIS SOASE	
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24 33 48 0 25 US A 29 33 48 0 -277 30 US A Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAISFIELD, TAMARA 735 COLORADO AVE. SUITE 6 STUART FL 34994 82 Street Address (P.O. Box Number is Not Acceptable) 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 of 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when registary) DAFE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP DELETE 11 TITLE Change Addition NAME HAISFIELD, AUDREY LEA 13. SIREET ADDRESS SIREET ADDRESS STREET ADDRESS ADDITIONS/REST ADDITIONS/REST 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name Not provided Agent 10			100100				10.00
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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, with all other like empowered.

SIGNATURE:

ield V.P. Tamara