

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

03-11-1999 90141 002 \*\*\*150.00

0514470

DOCUMENT # S80713

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

Principal Place of Business

735 COLORADO AVE.  
SUITE 6  
STUART FL 34994  
US

Mailing Address

735 COLORADO AVE.  
SUITE 6  
STUART FL 34994  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1991

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 218 Royal Palm Way

Suite, Apt. #, etc.

22

City & State

23 Palm Beach, FL

Zip

24 33480

Country

25 USA

2a. Mailing Address

26 P.O. Box 2771

Suite, Apt. #, etc.

27

City & State

28 Palm Beach, FL

Zip

29 33480-2771

Country

30 USA

9. Name and Address of Current Registered Agent

HAISFIELD, TAMARA  
735 COLORADO AVE.  
SUITE 6  
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

Tamara Haisfield

82 Street Address (P.O. Box Number is Not Acceptable)

218 Royal Palm Way

83

84 City

Palm Beach,

FL

85 Zip Code

33480

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

Tamara Haisfield, V.P.

Tamara Haisfield, V.P.

3/7/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HAISFIELD, AUDREY LEA

STREET ADDRESS 435 W MAIN STREET

CITY-ST-ZIP ASPEN CO

TITLE STV ☐ DELETE

NAME HAISFIELD, TAMARA

STREET ADDRESS 735 COLORADO AVE, STE 6

CITY-ST-ZIP STUART FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

Tamara Haisfield, V.P. Tamara Haisfield 3/7/99 (561)655-2829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)