

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S83605** (3)

1. Corporation Name  
**S.C.K. MANAGEMENT, INC.**



Principal Place of Business: **6820 STERLING ROAD HOLLYWOOD FL 33024**  
Mailing Address: **6820 STERLING ROAD HOLLYWOOD FL 33024**

3. Date Incorporated or Qualified: **09/30/1991** 3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **65-0285715** 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: 21. State, Apt. #, etc.; 22. City & State; 23. Zip; 24. Country  
2a. Mailing Address: 26. Suite, Apt. #, etc.; 27. City & State; 28. Zip; 29. Country

**9. Name and Address of Current Registered Agent**

**HILLESTAD, KJELLAUG  
6820 STERLING RD  
HOLLYWOOD FL 33024**

**10. Name and Address of New Registered Agent**

81. Name; 82. Street Address (P.O. Box Number is Not Acceptable); 83.; 84. City; 85. Zip Code **FL**

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: \_\_\_\_\_ (Type or print name of registered agent and the date) \_\_\_\_\_ (Type or print name of registered agent and the date)

**12. OFFICERS AND DIRECTORS**

TITLE	TS	<input type="checkbox"/> DELETE
NAME	HILLESTAD, KJELLAUG	
STREET ADDRESS	10402 N.W. 39TH PLACE	
CITY-STATE-ZIP	CORAL SPRINGS FL 33065	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HILLESTAD, JENS	
STREET ADDRESS	10402 N.W. 39TH PLACE	
CITY-STATE-ZIP	CORAL SPRINGS FL 33065	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILLESTAD, ERIK	
STREET ADDRESS	<del>1935 SW 81ST TERRACE</del> 1720 SW 199 TERR	
CITY-STATE-ZIP	DAVIE FL 33325	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILLESTAD, GRACE	
STREET ADDRESS	<del>1935 SW 81ST TERRACE</del> 1720 SW 199 TERR	
CITY-STATE-ZIP	DAVIE FL 33325	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FERRY, THOMAS	
STREET ADDRESS	1961 SW 81ST WAY	
CITY-STATE-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D RICHARD, CLIFTON	
1.3 STREET ADDRESS	6830 HOOD ST	
1.4 CITY-STATE-ZIP	HOLLYWOOD, FL 33024	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VERGARA, MARIANO	
2.3 STREET ADDRESS	6017 PIERCE ST	
2.4 CITY-STATE-ZIP	HOLLYWOOD FL 33024	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *Jan Hillestad* 1/29/96 954-961-3205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)