

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

**FILED**

**Apr 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S83605 (3)**  
 1. Corporation Name  
**S.C.K. MANAGEMENT, INC.**



Principal Place of Business <b>6820 STERLING ROAD HOLLYWOOD FL 33024</b>	Mailing Address <b>6820 STERLING ROAD HOLLYWOOD FL 33024-1842</b>
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<b>3. Date Incorporated or Qualified</b> 09/30/1991	<b>3a. Date of Last Report</b> 02/08/1996
<b>4. FEI Number</b> 65-0285715	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> 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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	TS	<input type="checkbox"/> DELETE
NAME	HILLESTAD, KJELLAUG	
STREET ADDRESS	10402 N.W. 39TH PLACE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HILLESTAD, JENS	
STREET ADDRESS	10402 N.W. 39TH PLACE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILLESTAD, ERIK	
STREET ADDRESS	1720 SE 119TH TERRACE	
CITY - ST - ZIP	DAVE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILLESTAD, GRACE	
STREET ADDRESS	1720 SW 119TH TERRACE	
CITY - ST - ZIP	DAVE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARD, CLIFTON	
STREET ADDRESS	6830 HOOD STREET	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERGARA, MARIANO	
STREET ADDRESS	6017 PIERCE STREET	
CITY - ST - ZIP	HOLLYWOOD FL 33024	

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**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 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_  
 Date: 4/17/97 934 761-3205

CP2E034 (9/96)