

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 6820 STERLING ROAD HOLLYWOOD FL 33024	Mailing Address 6820 STERLING ROAD HOLLYWOOD FL 33024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24	25	29	30
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3. Date Incorporated or Qualified 09/30/1991	4. FEI Number 65-0285715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 relistating) 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	DAVIE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILLESTAD, GRACE	
STREET ADDRESS	1720 SW 119TH TERRACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1561 SW 120 TH TERR
1.4 CITY-ST-ZIP	DAVIE, FL 33325
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1561 SW 120 TH TERR
2.4 CITY-ST-ZIP	DAVIE, FL 33325
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN HILLESTAD
3.3 STREET ADDRESS	10402 NW 39TH PL
3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	INGERID HILLESTAD
4.3 STREET ADDRESS	1561 SW 120 TH TERR
4.4 CITY-ST-ZIP	DAVIE FL 33325
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 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: _____ **4/2/98 961-3305**

CF2E034 (10/97)