

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

0143985

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90217 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S83605**  
 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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified <b>09/30/1991</b>	Applied For No Applicable
4. FEI Number <b>65-0285715</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> DELETE
NAME	HILLESTAD, KJELLAUG	
STREET ADDRESS	1561 SW 120TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	P <i>CHANGED TO IS</i>	<input type="checkbox"/> DELETE
NAME	HILLESTAD, JENS	
STREET ADDRESS	1561 SW 120TH TERRACE	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILLESTAD, ERIK	
STREET ADDRESS	1720 SE 119TH TERRACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HILLESTAD, GRACE	
STREET ADDRESS	1720 SW 119TH TERRACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D <i>CHANGE TO P</i>	<input type="checkbox"/> DELETE
NAME	HILLESTAD, JOHN	
STREET ADDRESS	10402 NW 39TH PL	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HILLESTAD, JENS</b>
2.3 STREET ADDRESS	<b>1561 SW 120 TERR</b>
2.4 CITY-ST-ZIP	<b>DAVIE FL 33325</b>
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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>HILLESTAD, INGRID</b>
4.3 STREET ADDRESS	<b>1561 SW 120 TERR</b>
4.4 CITY-ST-ZIP	<b>DAVIE FL 33325</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JOHN HILLESTAD</b>
5.3 STREET ADDRESS	<b>10402 NW 39TH PL</b>
5.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>
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 any attachment with an address, with all other like empowered.

SIGNATURE: *Jens Hillestad* **JENS HILLESTAD** Date: **4/19/99** Daytime Phone #: **934-961-3205**

CR2E034 (11/98)