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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

S86263

(8)

SCOPE REALTY, INC.

	<u> </u>

Principal Place of 2662 OAKMON FT.LAUDERDAL US	п	Mailing Addre 2662 OAKA FT.LAUDER US				3. Date incorporated or Qualified 10/09/1991	3a. Date of Last Rep 05/01/199	oort 5
2. Principa! Plac	e of Business	2a. Mailing Ai	ddress			4. FEI Number 65-0289213	h	oplied For ot Applicable
Suite, Apt. #,	etc.	Suite. Ap	t. #, etc			5. Certificate of Status Desired	1 7	Additional equired
City & State		City & Sta	City & State		Election Campaign Financing Trust Fund Contribution	F1 7	\$5.00 May Be Added to Fees	
3 -	Country	 28		Country		8. This corporation has liability for	intangible tax under s. 1	99.032,
Zip	25	29	30	1 '		Florida Statutes	□ No	
4]	9. Name and Address of Cur	11		·		10. Name and Address of New F	legistered Agent	
	3. None and			81	Name			
BALLINGER, STEVEN R. 2500 HOLLYWOOD BLVD.			82	Street Addr	dress (P.O. Box Number is Not Acceptable)			
SUITE 21				83				
	000 FL 33020			84	City		B5 Zip	Code
				1 -	' '	ration submits this statement for the pure of directors. Therefore appears to the appearance of the ap		
12.	D	AND DIRECTORS) DELETE	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR Change	RS IN 12
NAME STREET ADORESS	KLASS, RICHARD M. 2640 HOLLYWOOD BLYE	7 TELLO	2 OAKMONT	• 1.2 NAME 1.3 STREE	LADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 77		3333 2_	1.4 CITY			☐ Change	Add tion
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NAME				2.2 NAME				
STREET ADDRESS				l	T ADDRESS			
CITY-ST-ZIP	.	·) DELETE	24 CITY - 3 1 TITLE			Change	Add-tion
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NAME					ET ADDRESS			
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CITY-ST-ZIP] DELETE	4 1 11116		441	☐ Change	☐ Addition
TIFLE		L	J Deceme	4.2 NAME				
NAME				•	E1 ADDRESS			
STREET ADDRESS				4 4 CiTY	l l			
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THILE		L	_	5.2 NAMI				
NAME OXOGET ADDRESS					ET ADDRESS			
STREET ADDRESS				5.4 CiTY	i			
CITY-ST-ZIP			DELETE	5 1 II't			☐ Change	Addition
TITLE		L		6.2 NAM	ĺ			
NAME OXOCET ADODESC	ļ				ET ADORESS			
STREET ADORESS					- S1 - ZIP			
CITY - ST - ZIP	1	The state of the state of	والمراريس في الأمر المراري	nd on did	non not qualify	for the exemption stated in Section 1:	19 07(3)(k). Florida Statu	ites. I further

14. I do hereby certify that the information supplied with this fling 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 certify 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

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 305.585-7353

CR2E034 (12/95)