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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V01921

Country

9. Name and Address of Current Registered Agent

25

HOLTGREVEN, CHARLES T. 137 COUNTRY CLUB DR.

SIGNATURE: Charles

(8)

SCALES PLUS, INC.

Mailing Address

26

27

28

29

Principal Place of Business 137 COUNTRY CLUB DR. MELBOURNE FL 32940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

137 COUNTRY CLUB DR. MELBOURNE FL 32940

2a. Mailing Address

City & State

Zìp

Suite, Apt. #, etc.

FILED
Jan 21 1998 8:00am
Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

12/23/1991

59-3098525

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

137 COUNTRY CLUB DR. MELBOURNE FL 32940		82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)	
141	ELDOURIE FE 32340	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				
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS		re required when reinstating) DATE	
12.	PD DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	HOLTGREVEN, CHARLEES T.		Change Addition	
	137 COUNTRY CLUB DR.	1,2 NAME		
STREET ADDRESS	MELBOURNE FL.	1.3 STREET ADDRESS		
CITY - ST - ZIP		1.4 CITY - ST- ZIP		
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME		2.2 NAME		
STREET ADDRESS		2,3 STREET ADDRESS		
CITY-ST-ZIP	COLUMN PARTY -	2. 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	L_ DELETE	4.1 TITLE	Change Addition	
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - SI - ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	Change Addition	
NAME		6.2 NAME	1	
STREET ADDRESS	ĺ	6.3 STREET ADDRESS		
CITY - ST - ZIP		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.				

Country

81 Name

30