

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V70862 (0)

1. Corporation Name
SCRATCH ENTERPRISES INC.



Principal Place of Business 5109-J NW 39TH AVE GAINESVILLE FL 32606	Mailing Address 5109-J NW 39TH AVE GAINESVILLE FL 32606-7212
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

3. Date incorporated or Qualified 10/14/1992	3a. Date of Last Report 04/24/1996
4. FEI Number 59-3145345	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REGAN, DONALD J
 5109-J NW 39TH AVE
 GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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's signature required when translation) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REGAN, DONALD J	1.2 NAME	
STREET ADDRESS	1025 SW 81 DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	32607
TITLE	VP	2.1 TITLE	T.D. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REGAN, LAURE K	2.2 NAME	
STREET ADDRESS	1025 SW 81 DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	32607
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD G. YOUNG	3.2 NAME	
STREET ADDRESS	110 NW 5TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHSPRINGS FL 32643	3.4 CITY-ST-ZIP	
TITLE	V.P.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL J. AKEY	4.2 NAME	
STREET ADDRESS	7623 SW 10 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32607	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELISSA A. AKEY	5.2 NAME	
STREET ADDRESS	7623 SW 10 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL. 32607	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* 4-14-97 352 377665

CR2E034 (9/96)