

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

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**Apr 01 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J56069 (4)**  
1. Corporation Name  
**SCOTT'S COMPANY OF THE FLORIDA KEYS, INC.**



Principal Place of Business Mailing Address  
**P. O. BOX 628 ISLAMORDA FL 33036** **P. O. BOX 628 ISLAMORDA FL 33036-0628**

3. Date Incorporated or Qualified **02/10/1987** 3a. Date of Last Report **05/01/1996**

21	22	23	24	25	26	27	28	29	30	4.	Applied For
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report	
Suite, Apt. #, etc.		City & State		Zip		Country		Trust Fund Contribution		Not Applicable	
21		22		23		24		25		26	
27		28		29		30		31		32	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STANCZYK, SCOTT 79851 OVERSEAS HWY. ISLAMORADA FL 33036				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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANCZYK, RICHARD	1.2 NAME	
STREET ADDRESS	79851 OVERSEAS HWY.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ISLAMORDA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANCZYK, SCOTT	2.2 NAME	
STREET ADDRESS	79851 OVERSEAS HWY.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ISLAMORDA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 its 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 3/24/97 DAYTIME PHONE #: (305) 661-2461

CR2E034 (9/96)