

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000039838 (5)
 1. Corporation Name
SCOTT GENTRY, INC.



Principal Place of Business 4649 STURBRIDGE CIRCLE ORLANDO FL 32812	Mailing Address 4649 STURBRIDGE CIRCLE ORLANDO FL 32812
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 809 Appleton Ave		2a. Mailing Address 26 809 Appleton Ave		3. Date Incorporated or Qualified 05/26/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3245706	
City & State 23 Orlando FL 32806		City & State 28 Orlando FL 32806		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32806		Country 25 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Zip 29 32806		Country 30 US	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GENTRY, SCOTT M. 4649 STURBRIDGE CIRCLE ORLANDO FL 32812				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 809 Appleton Ave			
				83			
				84 City Orlando		85 Zip Code FL 32806	

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	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, SCOTT M	1.2 NAME	
STREET ADDRESS	4649 STURBRIDGE CIRCLE	1.3 STREET ADDRESS	809 Appleton Ave
CITY-ST-ZIP	ORLANDO FL 32812	1.4 CITY-ST-ZIP	Orlando FL 32806
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, LAURI	2.2 NAME	
STREET ADDRESS	4649 STURBRIDGE CIRCLE	2.3 STREET ADDRESS	809 Appleton Ave
CITY-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP	Orlando FL 32806
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, T. MICHAEL	3.2 NAME	
STREET ADDRESS	4649 STURBRIDGE CIRCLE	3.3 STREET ADDRESS	809 Appleton Ave
CITY-ST-ZIP	ORLANDO FL 32812	3.4 CITY-ST-ZIP	Orlando FL 32806
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 employed 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: _____ **Mar 30 98** **407/856-7680**

CR2E034 (10/97)