



**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90162 012 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000001637**

1. Corporation Name  
**SCOTT LYNN HODSON ENTERPRISES, INC.**



Principal Place of Business: **770 PONCE DE LEON BLVD. #208 CORAL GABLES FL 33134**

Mailing Address: **770 PONCE DE LEON BLVD. #208 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified  
**01/07/1998**

2. Principal Place of Business: **1550 S. Dixie Hwy #216 Coral Gables, FL 33146**

2a. Mailing Address: **1550 S. Dixie Hwy #216 Coral Gables, FL 33146**

4. FEI Number: ~~65-0844952~~

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**HODSON, SCOTT LYNN  
 770 PONCE DE LEON BLVD. #208  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name: **Cristina Romero**

82 Street Address (P.O. Box Number is Not Acceptable): **1550 S. Dixie Hwy #216**

84 City: **Coral Gables** FL 85 Zip Code: **33146**

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: C. Romero (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HODSON, SCOTT LYNN</b>
STREET ADDRESS	<b>770 PONCE DE LEON BLVD. #208</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Cristina Romero</b>
1.3 STREET ADDRESS	<b>1550 S. Dixie Hwy # 216</b>
1.4 CITY-ST-ZIP	<b>Coral Gables, Fl 33146</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 4-20-99 Daytime Phone #: 305-668-5030

CR2E034 (1/198)