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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 270552

(3)

SCOTT PROPERTIES, INC.

Principal Place of Business

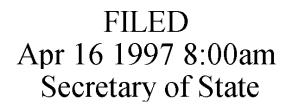
I am an officer or director of the corporation appears in Block 12 or Block 13 if change.

SIGNATURE:

POST OFFICE BOX 14 415 1410 SWANN AVENUE **TAMPA FL 33690**

Mailing Address

POST OFFICE BOX 14 415 1410 SWANN AVENUE TAMPA FL 33690-4415





Daytime Phone #

					 Date Incorporated or Qualified 06/03/1963 	3a. Date of Last Report 04/23/1996	
2. Principal	Place of Business	2a. Mailing Add	ress		4. FEI Number	Applied For	
21		26			59-1006497	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Trust Fund Contribution Added to Fees	
Zipi 	Country	Zip	Cou	ntry	8. This corporation has liability for		
24	25 29 30			-m-n-11-11-1	Florida Statutes 🖫 Yes 🔲 No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
MCLAIN, SUSAN S				81 Name			
1410 SWANN AVE TAMPA FL 33806				82 Street Address (P.O. Box Number is Not Acceptable)			
				84 City	85 Zip Code		
11 Parcus	at to the provisions of Sections 507	05.02 and 607 1500 Flas	do Statutan the -1		corporation submits this statement for the	FL 3 25000	
office or agent 1	r registered agent, or both, in the Stan familiar with, and accept the o	State of Florida Such char bligations of, Section 607	nge was authorized .0505, Florida Stat	by the corpoutes.	pration's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE	Stgrotors, typed or printed name of registore	of growt and file I are limble	AIOTE, Basistana				
12.		AND DIRECTORS	(NOTE: Hagistered	Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFI	PATE CERS AND DIE CORS IN 12	
10tE	PD			ı F	ADDITIONS/CHANGES TO OFFI	Change Addition	
NAME	MACEWEN, H.A.		1.2 NA			— Oriente — National	
STREET ADDRESS	A AAA ALATA SIA A SIMBINAM						
	TAMPA, FL 0			REET ADDRESS			
CITY-\$1-209 TOTALE	stv			IY-ST-ZIP		S Phones Addition	
NAME	MCLAIN, SUSAN S.	LJ V				L Change	
STREET ADORESS			2.2 NA	1			
	TAMPA, FL 0			REET ADDRESS			
CIEY-SI-ZIE TITLE	D D	——————————————————————————————————————		TY-ST-ZIP			
	-	Liν	1			Change Lei Addition	
NAM{	MCLAIN, SUSAN S.		3.2 NA				
STREET ADDRESS			3.3 ST	REFT ADDRESS			
CITY-ST-7IP	TAMPA, FL 0		**	TY-ST-ZIP			
TULF		□ Di	ELETE 4.1 TH	LE		Change Addition	
NAME			4. 2 NA	AME			
STREET ADDRESS	5		4.3 STI	REET ADDRESS			
C-TY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·		Y-ST-ZIP			
TITLE		□ DI	ELETE 5.1 TIT	LE		☐ Change ☐ Addition	
PYA			5.2 NA	ME			
STREET ADDRESS	3		5.3 STI	REET ADORESS			
City - St - 7IP			5.4 CI1	Y-ST-ZIP			
TILLE		Di	LETE 6.1 TIT	LE		Change Addition	
NAME			6.2 NA	ME			
STREET ADDRESS	ş 		63 571	REET ADDRESS			
CITY ST-7P	1			Y-S1-ZIP			
14. I do here	eby certify that the information sup	plied with this filing does	not qualify for the i	eta notremexe	ted in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
Intorniati	ion indicated on this annual report	or supplemental annual r	eport is true and a	ccurate and t	hat my signature shall have the same lega port as required by Chapter 607, Florida S	all affect as if made under eath, that	