

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 22 1998 8:00am
Secretary of State

DOCUMENT # 270552 (3)
1. Corporation Name
SCOTT PROPERTIES, INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 14 415 POST OFFICE BOX 14 415
1410 SWANN AVENUE 1410 SWANN AVENUE
TAMPA FL 33600 TAMPA FL 33690

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same	3. Date Incorporated or Qualified 06/03/1963
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1006497
23 City & State	28 City & State	Applied For Not Applicable
24 Zip	25 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
26 Zip	27 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
28 Zip	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30 Zip	31 Country	

9. Name and Address of Current Registered Agent

MCLAIN, SUSAN S
1410 SWANN AVE
TAMPA FL 33606

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 607.0507 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: Susan S. Mclain (Signature) (NOTE: Registered Agent signature required when reinstating) DATE: April 16, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MACWEN, H.A.	1.2 NAME	
STREET ADDRESS	1408 SWANN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	1.4 CITY-ST-ZIP	
TITLE	STV	2.1 TITLE	
NAME	MCLAIN, SUSAN S.	2.2 NAME	
STREET ADDRESS	1408 SWANN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MCLAIN, SUSAN S.	3.2 NAME	
STREET ADDRESS	1408 SWANN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 0	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: Susan S. Mclain (Signature) DATE: April 16, 1998 (83-353-042)

CR2E034 (10/97)