## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

429307 DOCUMENT #

(2)

THE SCOT SHOP, INC.

| İ   |  |   |                                       |   |  |  | <b>8 8</b> 11 <b>916</b> 11 <b>818</b> 11 1 <b>8 8</b> | 1  |
|---|--|---|---------------------------------------|---|--|--|--|--|
| Principal Place                                 | of Business  | Mailing Address   |                                       |   |  | (BEL TION DIQUEDINA                      |  | 1  |
|   | SHOE BAY ROAD<br>EACH FL 33437   | 8318 HORSESHOE BA<br>BOYNTON BEACH FL   |                                       |   |  |  |  |  |
|   |  |   |                                       |   | 3. Date Incorporated or Qualified 06/25/1973   | 3a. Date of La 04/04/                    | •  |  |
| 2. Principal Place of Business                  |  | 2a. Maining Address   |                                       | 4. FEI Number                                       | 1 0,00   | Applied For                              | $\dashv$   |  |
| 21  |  | 26  |                                       |   | 59-1468621   | ŀ  | Not Applicat   | ole  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc.   |                                       | 5. Certificate of Status Desired                    |  | .75 Additional<br>Fee Required           |  |  |
| City & State                                    |  | City & State  |                                       | Election Campaign Financing Trust Fund Contribution |  | 5.00 May Be                              | -  |  |
| Zip   | Country  | Zip G   |                                       | ntry  | 8. This corporation has liability for i  |  |  | $\neg$   |
| 24  | 25   |   |                                       |   |  | □No                                      |  |  |
| <del></del> .                                   | 9. Name and Address of Currer  | nt Registered Agent   |                                       |   | 10. Name and Address of New R  | egistered Agent                          |  |  |
| b.d.d.s.eem                                     |  |   |                                       | 81 Name   |  |  |  |  |
|   | JAMES F.   |   | ľ                                     | 82 Street Addi                                      | ress (P.O. Box Number is Not Acceptab  | le)                                      |  |  |
|   | RSESHOE BAY ROAD   |   | -                                     | 83  |  |  |  |  |
| BUTNIU  | N BEACH FL 33437   |   |                                       | 63  |  |  |  | ļ  |
|   |  |   |                                       | 84 Orty   |  | FL 85                                    | l '  |  |
| 11. Pursuant to<br>or registere<br>familiar wit | o the provisions of Sections 607,0502<br>ad agent, or both, in trie State of Flori<br>hill and accept the obligations of, Sect | ? and 607.1508, Florida Statut<br>d.: Such change was authorz<br>ion 607.0506, Florida Statuter | tes, the above<br>red by the co<br>s. | e-named corpor<br>prporation's boa                  | ration submits this statement for the pur<br>ro of directors. I hereby accept the appo | cose of changing<br>introduct as registi | its registered off<br>ered agent. I am                 | fice   |
| SIGNATURE                                       |  |   |                                       |   |  |  |  |  |
| 12.   | Signature it post or professional sero fregister Tager!  |   |                                       | kije ir ir Kajinair ir recipiara                    |  | DATE                                     |  | (6)  |
| TITLE   | OFFICERS AN  | DELETE  | 13.                                   |   | ADDITIONS/CHANGES TO OFFI  |  |  | 2/95)  |
| NAME  | MAYER, JAMES F.  | [1] OTE 11  | 1 1 1                                 |   |  | ☐ Char                                   | nge 🗌 Addition   | \ \ <del>\</del> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| STREET ADDRESS                                  | 8318 HORSESHOE BAY RD  |   | 1.2 NA<br>1.3 S V                     |   |  |  |  | R2E034 (12/  |
| CITY - ST - ZIP                                 | BOYNTON BCH FL   |   |                                       |   |  |  |  | Щ  |
| TITLE   | ST   | DELETE  | 2 : TI*                               | V - S <sup>1</sup> - Z IP <sup>2</sup>              |  | Char                                     | nge  |  |
| NAME  | MAYER, SANDRA K.   |   | 2.2 NAF                               |   |  |  | ige   Addition   | '   ¯  |
| STREET ADDRESS                                  | 8318 HORSESHOE BAY RD  |   |                                       | EE1 ADDRESS   |  |  |  |  |
| DITY-ST-ZiP                                     | BOYNTON BCH FL   |   |                                       | r S1 - ZIP  |  |  |  |  |
| TITLE   |  | ☐ DELETE  | 3 1 111                               |   |  | Char                                     | nge 🔲 Addition   | 1  |
| NAME  |  |   | 3 2 NAM                               | ri l  |  |  |  | ļ  |
| STREET ADDRESS                                  |  |   | 3 3 STE                               | REFT ADDRESS  |  |  |  |  |
| CITY - ST - ZIF                                 |  |   | 3.4 CiT                               | r ST-ZIP  |  |  |  |  |
| TITLE   |  | DELETE  | 4 1 111                               | .ŧ  |  | Char                                     | nge 🔲 Addition   | 1  |
| NAME  |  |   | 4.2 NAN                               | 4E  |  |  |  |  |
| STREET ADDRESS                                  |  |   | 4.3 STR                               | EET ADDRESS   |  |  |  |  |
| CITY-ST-ZIP                                     |  |   |                                       | -ST-ZIP   |  |  |  |  |
| TITLE   |  | □ DELEIE 5  |                                       |   |  | ☐ Chan                                   | ige 🔲 Addition   |  |
| NAME<br>CIRCL ADDOSCO                           |  |   | 5.2 VAN                               |   |  |  |  |  |
| STREET ADDRESS                                  |  |   |                                       | EET ADOPESS   |  |  |  | - 1  |
| CITY - SI - ZIF<br>TITLE                        |  |   |                                       | -S1-2iP   |  |  |  |  |
| NAME  |  | DETE LE   | 6 1 101:                              | l   |  | ☐ Chan                                   | ige 🔲 Addition   | -  |
| STREET ADDRESS                                  |  |   | 6.2 NAM                               | !   |  |  |  |  |
|   |  |   |                                       | EFF ADDRESS   |  |  |  |  |
| CI*Y-SI-ZIP                                     | and the the of section and a   |   | ■ 6.4 C/TY                            | -SI-ZP  |  |  |  |  |

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes if 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 comportation 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 for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR S. F. MAYER 417-94 407-368-4727