

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:11

DOCUMENT # 475675 (5)

1. Corporation Name

ALAN, SCOTT AND ASSOCIATES, INC.

Principal Place of Business

16310 S.W. 88TH CT.
MIAMI FL 33157-0543

Mailing Address

16310 S.W. 88TH CT.
MIAMI FL 33157-0543

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1975

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

State Apt # etc

2a. Mailing Address

26

State Apt # etc

23. City & State

23

27. City & State

27

24

25

29

30

4. FID Number

59-1596775

Approved For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Does this corporation have

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for information fee under S. 199.012,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KULZICK, R S
16310 SW 88TH CT.
MIAMI FL 33157

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person named as registered agent with this application

Signature of Registered Agent with this application (if not the same person)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY & STATE
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY & STATE
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY & STATE
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY & STATE
12.16 TITLE

PD
KULZICK, R S
16310 SW 88TH CT.
MIAMI, FL 0

13.

13.1 NAME
13.2 STREET ADDRESS
13.3 CITY & STATE
13.4 TITLE
13.5 NAME
13.6 STREET ADDRESS
13.7 CITY & STATE
13.8 TITLE
13.9 NAME
13.10 STREET ADDRESS
13.11 CITY & STATE
13.12 TITLE
13.13 NAME
13.14 STREET ADDRESS
13.15 CITY & STATE
13.16 TITLE

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemptions stated in Sections 199.012(b)(4) 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 (make) by the person named as officer or director of the corporation or the member or trustee empowered to make this report as prepared by a Registered Agent, Florida Statutes, and that my name appears in Book 12 of the Public Trust and Deposit or Corporate Records with an address.

SIGNATURE: *Raymond S. Kulzick, Pres.* 6/27/95 (305) 233-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR