

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 737537 (1)

1. Corporation Name

SCOTTY CONDO, INC.



Principal Place of Business

Mailing Address

7503 NW 44TH COURT
CORAL SPRINGS FL 33065-2049

PO BOX 771671
CORAL SPRINGS FL 33077
US

3. Date Incorporated or Qualified
12/13/1976

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2418264

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, LESTER
7503 N.W. 44 COURT, 4
CORAL SPRINGS FL 33065

81 Name BERTINI JOE

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

842 SW 20TH ST

83

84 City NORTH LAUDERDALE FL

85 Zip Code 33068

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 adopt the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-12-96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME WASNOCK, LEONARD
STREET ADDRESS 7900 N.W. 18TH COURT
CITY-ST-ZIP MARGATE FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TD
ELVIRA RAUREZ
6240 SW 8 CT
NORTH LAUDERDALE FL

Change Addition

TITLE VD
NAME SANTIAGO, LUANE
STREET ADDRESS 7503 N.W. 44 COURT, 3
CITY-ST-ZIP CORAL SPRINGS FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SD
RAPHAEL ELIMELECH
7503 NW 44 CT., 2
CORAL SPRINGS, FL 3

Change Addition

TITLE SD
NAME KLEIN, LESTER
STREET ADDRESS 7503 N.W. 44 COURT, 4
CITY-ST-ZIP CORAL SPRINGS FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE PD
NAME BERTINI, JOE
STREET ADDRESS 8412 S.W. 20TH ST.
CITY-ST-ZIP NORTH LAUDERDALE FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE TD
NAME ELVIRA RAUREZ
STREET ADDRESS 6240 SW 8 CT
CITY-ST-ZIP NORTH LAUDERDALE FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001872786
-06/24/96--01026--002
***70.00

Change Addition

14. 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. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone

5/5/96

722 8757

CR2E037 (12/95)