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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SCOSTA	The second section of the section of th	Mod on Address	- 144 (**********************************			
Principal Place of Business  % SCOTT STANLEY  915 SOUTH NORTH LAKE DRIVE HOLLYWOOD FL 33019		Mailing Address  * SCOTT STANLEY  915 SOUTH NORTH LAKE DRIVE HOLLYWOOD FL 33019-1312				
				3. Date incorporated or Qualified 06/05/1981	3a. Date of Last 05/01/1996	Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21	**************************************	26		59-2129098	<del></del>	lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State	8	City & State		6. Election Campaign Financing		May Be
:3		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		s. 199.032,
14	9. Name and Address of Curre	29	30	Florida Statutes  10. Name and Address of New R	Yes No	<del></del>
IATS	NLEY, SCOTT II	eur vedisteied wäeur	B1 Name	10, Name and Address of New N	redistrated Wilant	
	SOUTH NORTHLAKE DRIVE		82 Street Add	ress (P.O. Box Number is Not Accepta	abla)	
	LYWOOD FL 33019		62 Street Add	oress (P.O. Box Number is Not Accepte	acie)	
			83			
		•	84 City		85 Zip	Code
					FL	
11. Purcumit	to the provisions of Sections 607.05	502 and 607 1508. Florida Statu	ites, the above-named corr	noration submits this statement for the	Durpose of changing	its registered
office or r	egistered agent, or both, in the Stat	te of Florida Such change was	authorized by the corpora	ation's board of directors. I hereby according	ept the appointment a	s registered
office or r agent 1 a	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida Such change was igations of, Section 607.0505, F	authorized by the corpora lorida Statutes.	poration submits this statement for the ation's board of directors. I hereby according	ept the appointment a	s registered
office or r agent La SIGNATURE			authorized by the corpora forida Statutes.  TE Registered Agent signature requ		ept the appointment a	s registered
	Signature: typed or printed hame of registered a OFFICERS A				DATE	
SIGNATURE  12.  THE	Stylicitive: typical or primated name of registered a OFFICERS AI	agent and tice if applicable (NC	oTE: Registered Agent signature requ	ired when reinstating)	DATE	PRS IN 12
SIGNATURE  12. HILE NAME	Structure typed or preted name of registered a OFFICERS AIDP STANLEY, SCOTT, II	agent and tice if applicable (NC ND DIRECTORS	TE: Registered Agent signature required.  13. 11 TITLE 12 NAME	ired when reinstating)	DATE	PRS IN 12
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