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

CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

SIGNATURE:

Lam an officer or director of the corporation or the appears in Block 12 or Block 13 inchanged, or of

DITY SI-ZP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000002206 (8)

THE SCOTCH MALT WHISKEY SOCIETY OF AMERICA LTD., INC.

Mailing Address Principal Place of Business 9838 W. SAMPLE RD. 9838 W. SAMPLE RD. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4008 3. Date Incorporated or Qualified 3a. Date of Last Report 05/02/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 11-3174472 21 Not Applicable 26 Suite, Apt. #, ctc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHAYNE, ALAN 9838 W. SAMPLE RD. 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 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 this array, typed or ported name of registered agont and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) 12. 13. DELETE Change ☐ Addition 1.1 TITLE TITLE SHAYNE, ALAN 1.2 NAME NAME 9838 W. SAMPLE RD. 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** 14 CITY-ST-ZIP CHY-SI-ZIF □ DELETE 21 TITLE Change Addition THUE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY- ST-ZIP CHY+ST-ZP ■ DELETE 3.1 TITLE Change Addition 1000 3.2 NAME NAMÉ 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP C(1Y - S1 - 2)P DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CHTY - ST - ZIP CHY-S1-ZIP Change Addition DELETE 5.1 TITLE TiTtE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF Change Addition DELETE 6.1 TITLE THE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP

14. If do 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 appear and in the section of the same legal effect as if made under eath; that I am an officer or director of the corporation or the section of the section 119.07(3)(ii). Florida Statutes, I further certify that the information indicated on this annual report or supplemental appear is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the section 119.07(3)(ii).

ent with an address.