SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:24

DOCUMENT # **G05429** **(7)**

1. Corporation Name
SCOTT INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
~~% FRED F SCOTT JR~~ ~~8285 WEST 12TH AVENUE~~ ~~HIALEAH FL 33014~~	~~% FRED F SCOTT JR~~ ~~8285 WEST 12TH AVENUE~~ ~~HIALEAH FL 33014~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1982	3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2227422	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 7105 W 12th Ave	26 8515 NW 176th St
22 Suite, Apt. #, etc. # Lwr 3	27 Suite, Apt. #, etc. Miami, Fl.
23 City & State Hialeah, FL. 33014	28 City & State
24 Zip 33014 25 County DADE	29 Zip 33015 30 County DADE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SCOTT, FRED F., JR~~ ~~8285 WEST 12TH AVENUE~~ ~~HIALEAH FL 33014~~	81 Name: Gerardo Patricio 82 Street Address (P.O. Box Number Is Not Acceptable): 8515 NW 176th St 83 Miami, FL. 33015 84 City: FL 85 Zip Code

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 _____ 8/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DP~~	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	~~SCOTT, FRED F JR~~	1.2 NAME	Gerardo Patricio	
STREET ADDRESS	~~8285 WEST 12TH AVENUE~~	1.3 STREET ADDRESS	8515 NW 176th St	
CITY-ST-ZIP	~~HIALEAH, FL 00000~~	1.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 821-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020227 CP