

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G68520**

(7)

1. Corporation Name

**THE SCULLY GROUP, INC.**



Principal Place of Business

**18955 S.W. 168TH STREET  
MIAMI FL 33187**

Mailing Address

**P.O. BOX 145091  
CORAL GABLES FL 33114-5091  
US**

3. Date Incorporated or Qualified  
**11/04/1983**

3a. Date of Last Report  
**04/28/1995**

4. FEI Number  
**59-2366003**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCHBINDER & ELEGANT, P.A.  
46 S.W. FIRST STREET  
4TH FLOOR  
MIAMI FL 33130**

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
**PT  
SCULLY, ROBERT M. JR.  
P.O. BOX 145091 N/A  
CORAL GABLES FL 33114-5091**

TITLE ☐ DELETE

NAME  
**VS  
BOS, ANTHONY P.  
P.O. BOX 145091 N/A  
CORAL GABLES FL 33114-5091**

TITLE ☐ DELETE

NAME  
**V  
SCULLY, TIMOTHY M.  
P.O. BOX 145091 N/A  
CORAL GABLES FL 33114-5091**

TITLE ☐ DELETE

NAME  
**TITLE**

TITLE ☐ DELETE

NAME  
**NAME**

TITLE ☐ DELETE

NAME  
**NAME**

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 607, 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

**04.27.96**

**305.444.7098**

CR2E034 (12/95)