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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J43708 (3)

1. Corporation Name

MIC-SCOTT, INC.

Principal Place of Business

11900 Biscayne Blvd.
#760
Miami, Florida

Mailing Address

11900 Biscayne Blvd.
#760
Miami, Florida

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1986

4. FEI Number

65-0443781

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 2450 N.E. Miami Gardens Drive

Suite, Apt. #, etc.

22 2nd Floor

City & State

23 North Miami Beach, Florida

Zip

24 33180

Country

25 Miami-Dade

2a. Mailing Address

26 2450 N.E. Miami Gardens Drive

Suite, Apt. #, etc.

27 2nd Floor

City & State

28 North Miami Beach, Florida

Zip

29 33180

Country

30 Miami-Dade

9. Name and Address of Current Registered Agent

Supraski, Louis A.
11900 Biscayne Boulevard
Suite #760
Miami, Florida 33181

10. Name and Address of New Registered Agent

81 Name

Supraski, Louis A., Esq.

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

2450 N.E. Miami Gardens Drive

83

2nd Floor

84 City

North Miami Beach, FL

85 Zip Code

33180

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 P ☐ DELETE

NAME Thompson, John
STREET ADDRESS 12700 S.W. 81 Avenue
CITY-ST-ZIP Miami, Florida

TITLE V ☐ DELETE

NAME Thompson, Scott
STREET ADDRESS 6901 S.W. 1 Court
CITY-ST-ZIP Pembroke Pines, FL

TITLE ST ☐ DELETE

NAME Thompson, M.N.
STREET ADDRESS 6901 S.W. 1 Court
CITY-ST-ZIP Pembroke Pines, FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 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; that 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 unchanged, or on an attachment with an address.

SIGNATURE *[Signature]* John A. Thompson III dated 12 18 98 (305) 252-1815

CR2E034 (10/97)

cc s/i