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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(2)

SCOTTY STUDLEY ASSOCIATES, INC.											
Principal Place of	of Business	Mailing Address) (03)(0)) BOD HIBL HIBL BIGH BIGH		961 91911 81911	21841 61911 1661	
13501 U.S. 1 Sebastian FL 32958 US		1300 PALMETTO CT. SUITE 108 VERO BEACH FL 32963			-	Date Incorporated or Qualified	Tae Date	of Last Rep	ort		
		US				- [11/20/1989		5/01/199		
2. Principal Place of Business		2a. Mailing Address			4.	4. FEI Number Applied For 65-0157899 Not Applicable					
21 3830 AIA		26 Same Suite, Apt. #, etc.				\$8.75 Additional					
Suite, Apt. #	, etc.	Suite, Apr. #, etc.			5.	Certificate of Status Desired		Fee Re			
City & State	rousice Beach II	City & State			6.	Election Campaign Financing Trust Fund Centribution	Added to Fees				
Z ip	Country	Zip		ountry		8.	This corporation has liability for		x under s 1	99.032,	
24 3299	5 25 (15)	29]	30				Florida Statutes Yes		Land		
	9. Name and Address of Current	Registered Agent		81	Name	10.	Name and Address of New R	egistered #	- Agent		
				١							
COX, CYNTHIA L. 1432 21 ST				82 Street Add			O. Box Number is Not Acceptab	ıle)			
	21 51 BEACH FL 32960			83							
VEITO	DEMONT L DEGGG			84	City				85 Zip	Code	
					•			FL	1 1		
11. Pursuant to	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section	and 607.1508, Florida Statute	es, the al	bove-r e corp	named cor oration's l	rporation s board of di	submits this statement for the pui irectors. I hereby accept the app	rpose of cha ointment as	inging its reg registered a	gistered office agent. I am	
familiar with	h, and accept the obligations of, Section	n 607.0505, Florida Statutes									
SIGNATURE _	Signature typed or printed name of registered agent a	and title if envelopable.	III - Rogista	red Ager	è signature re	quired when re	airstationi	DATE			
12. OFFICERS AND DIRECTORS				1 3.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12	
TITLE	DPS DELETE		1.	1, 1 TITLE			•		Change	Addition	
NAME				1.2 NAME							
STREET ADDRESS 1300 PALMETTO CT., SUITE 108				1.3 STREET ADDRESS							
CITY-ST-ZIP	VERO BEACH FL	DELETE		4 CITY - S	T-ZIP				Change	Addition	
TITLE	DV	TT DELETE		1 TITLE 2 NAME				L	Onlingo		
NAME OXOSET ADDRESS	STUDLEY, DONALD E. 1300 PALMETTO CT., SUITE	: 108			ADDRESS						
STREET ADDRESS CITY-ST-ZIP	VERO BCH FL	. 100		4 CHY-5							
TITLE		☐ DELETE		1 TITLE					Change	Addition	
NAME			3:	2 NAME							
STREET ADDRESS			3.	3. STREE	T ADDRESS						
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NAME					. ADDDECO	ļ					
STREET ADDRESS					ADDRESS						
	CITY-ST-ZIP TITLE DELETE			4.4 CITY - ST - ZIP 5. 1 TITLE					Change	Addition	
TITLE		Date		5.2 NAME				•	- · · -		
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STREET ADDRESS CITY-ST-ZIP				.4 CITY-1							
TITLE		DELETE		1 TITLE					Change	Addition	
NAME			. 6	2 NAME							
STREET ADDRESS	1		6	.3 STREE	ADDRESS						
27.122.7.0011000				A DITY	מול זים						

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 comporation 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.