

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
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DOCUMENT # L36385

(7)

1. Corporation Name

WESCOTT GROUP, INC.

Principal Place of Business

222 SOUTH WESTMONTE DR
SUITE 210
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

222 S WESTMONTE DR
STE. 210
ALTAMONTE SPRINGS FL 32714
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/07/1989	3a. Date of Last Report 06/21/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2980824	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

TATICH, PHILIP
2600 LAKE LUCIEN DR
SUITE 230
MAYLAND FL 32751

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 (must include name and title of agent)

(If Registered Agent signature required, when registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	☐ Change ☐ Addition
NAME	KANTOR, JOSEPH	2. NAME	
STREET ADDRESS	222 S. WESTMONTE DR., #210	3. STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	4. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	
TITLE		25. TITLE	☐ Change ☐ Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY-ST-ZIP		28. CITY-ST-ZIP	
TITLE		29. TITLE	☐ Change ☐ Addition
NAME		30. NAME	
STREET ADDRESS		31. STREET ADDRESS	
CITY-ST-ZIP		32. CITY-ST-ZIP	
TITLE		33. TITLE	☐ Change ☐ Addition
NAME		34. NAME	
STREET ADDRESS		35. STREET ADDRESS	
CITY-ST-ZIP		36. CITY-ST-ZIP	
TITLE		37. TITLE	☐ Change ☐ Addition
NAME		38. NAME	
STREET ADDRESS		39. STREET ADDRESS	
CITY-ST-ZIP		40. CITY-ST-ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		45. TITLE	☐ Change ☐ Addition
NAME		46. NAME	
STREET ADDRESS		47. STREET ADDRESS	
CITY-ST-ZIP		48. CITY-ST-ZIP	
TITLE		49. TITLE	☐ Change ☐ Addition
NAME		50. NAME	
STREET ADDRESS		51. STREET ADDRESS	
CITY-ST-ZIP		52. CITY-ST-ZIP	
TITLE		53. TITLE	☐ Change ☐ Addition
NAME		54. NAME	
STREET ADDRESS		55. STREET ADDRESS	
CITY-ST-ZIP		56. CITY-ST-ZIP	
TITLE		57. TITLE	☐ Change ☐ Addition
NAME		58. NAME	
STREET ADDRESS		59. STREET ADDRESS	
CITY-ST-ZIP		60. CITY-ST-ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	
TITLE		65. TITLE	☐ Change ☐ Addition
NAME		66. NAME	
STREET ADDRESS		67. STREET ADDRESS	
CITY-ST-ZIP		68. CITY-ST-ZIP	
TITLE		69. TITLE	☐ Change ☐ Addition
NAME		70. NAME	
STREET ADDRESS		71. STREET ADDRESS	
CITY-ST-ZIP		72. CITY-ST-ZIP	
TITLE		73. TITLE	☐ Change ☐ Addition
NAME		74. NAME	
STREET ADDRESS		75. STREET ADDRESS	
CITY-ST-ZIP		76. CITY-ST-ZIP	
TITLE		77. TITLE	☐ Change ☐ Addition
NAME		78. NAME	
STREET ADDRESS		79. STREET ADDRESS	
CITY-ST-ZIP		80. CITY-ST-ZIP	
TITLE		81. TITLE	☐ Change ☐ Addition
NAME		82. NAME	
STREET ADDRESS		83. STREET ADDRESS	
CITY-ST-ZIP		84. CITY-ST-ZIP	
TITLE		85. TITLE	☐ Change ☐ Addition
NAME		86. NAME	
STREET ADDRESS		87. STREET ADDRESS	
CITY-ST-ZIP		88. CITY-ST-ZIP	
TITLE		89. TITLE	☐ Change ☐ Addition
NAME		90. NAME	
STREET ADDRESS		91. STREET ADDRESS	
CITY-ST-ZIP		92. CITY-ST-ZIP	
TITLE		93. TITLE	☐ Change ☐ Addition
NAME		94. NAME	
STREET ADDRESS		95. STREET ADDRESS	
CITY-ST-ZIP		96. CITY-ST-ZIP	
TITLE		97. TITLE	☐ Change ☐ Addition
NAME		98. NAME	
STREET ADDRESS		99. STREET ADDRESS	
CITY-ST-ZIP		100. CITY-ST-ZIP	

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:

 JOSEPH KANTOR
Signature typed or printed name of signing officer or director

7/20/96 407-692-6940
Date Daytime Phone

CR2E034 (12/95)