FILE	NOW: FILING FE	E AFTER MAY 1 IS	\$225.00		
CORF ANNU	ROFIT PORATION AL REPORT 996	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State		
DOCUM 1. Corporation	MENT # L6572	20 (9)			
SCOTT	CHARLES, INC.				
Principal Place o	of Business	Mailing Address			I 319)), O.18)), O.10)) 870)) O.4)), O.18)) 100)
C/O NORMAN ROGOFF 19 GLENS DRIVE WEST BOYNTON BEACH FL 33436 C/O NORMAN ROGOFF 19 GLENS DRIVE WEST BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436			96		
				3. Date Incorporated or Qualified 04/17/1990	3a. Date of Last Report 03/23/1995
2. Principa! Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21	-1.	Suite, Apt. #, etc.		65-0191907	Not Applicable  88.75 Additional
Suite, Apt. #.	, etc.	27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	8. This corporation has liability for inte	
24	25   9. Name and Address of Cur		30]	10. Name and Address of New Reg	· · · · · · · · · · · · · · · · · · ·
19 GLEN BOYNTOI	NORMAN S DRIVE WEST N BEACH FL 33436  the provisions of Sections 607.03 d agent, or both, in the State of F n, and accept the obligations of, S	lorida. Such change was authorized	83 84 City	ress (P.O. Box Number is Not Acceptable) ration submits this statement for the purpx rd of directors. I hereby accept the appoint	FL 85 Zip Code
SIGNATURE			Registered Agent signature require		DATE
12.	Signature, typied or printed hame of registered a OFFICERS	GENT AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME STREET ADDRESS	D ROGOFF, NORMAN 19 GLENS DRIVE WEST	DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
TITLE  NAME STHELT ADDRESS	D ROGOFF, MILDRED 19 GLENS DRIVE WEST	☐ DELETE	14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS		Change Addition
CITY-ST-ZIP	BOYNTON BEACH FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4 City-St-Zip		
C-TY-ST-ZIP 1ITLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
CITY - \$1 - ZIP		DELETE	4.4 C(TY - ST - Z(P)		☐ Change ☐ Addition
TIBLE			5 1 TITLE 52 NAME		C one-igo C riduidon
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	B. 1 TITLE		☐ Change ☐ Addition

6.4 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 certify 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

Legitime Phone I

6.3 STREET ADDRESS

NAME

STREET ADDRESS

7407-738-03/3 Coaytime Phone #