FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT Apr 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L83087 SCOTT-RICE, INC. Principal Place of Business Mailing Address 312 NORTHLAKE DRIVE. #202 312 NORTHLAKE DRIVE, #202 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/22/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0207977 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Country 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RICE, SCOTT 312 NORTHLAKE DRIVE, #202 Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when relistating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DITTIE Change Addition TITLE 1.1 TOLE RICE, SCOTT 1.2 NAME NAME 312 NORTHLAKE DRIVE, #202 STREET ADDRESS 1.3 STREET ADDRESS NORTH PALM BEACH FL 33408 CITY ST 7IP 1.4 CITY- ST-ZIP DELETE THILE 2 1 TITLE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST ZIP 2 4 CHY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELFTE Addition TITLE 4 1 TITLE

14. Thereby 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 frue 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 changert, or on an phachinent with an address

4 2 NAME

5171116

5.2 NAME

61 THLF

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 C(1Y - ST - ZIP

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-7IP

Addition

Addition

Change