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

PROFIT ... CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L83087**

1. Corporation Name

SCOTT RICE, INC.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90048 031 ***150.00



			,						
Principal Place	e of Business	Mailing Address		_	11021(01)	int extinu tilti mutat ini	IN INDA BLOUD O	IIGH Arast anati d	11811 81811 1881
The state of the s	KE DRIVE. #202	312 NORTHLAKE DRIVE, #2	กว						
	BEACH FL 33408	NORTH PALM BEACH FL 33			_		_		
						DO NOT WRIT	E'IN THIS	SPACE	* ** -
					3. Date Incorpora				
	·				06/22/1990	0			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	•		Ap	plied For
21		26			65-020797	<u> 7 . </u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of S	Status Desired	□ .	\$8.75	I
22	·	27						Fee Re	quired
City & Stat	19	City & State			6. Election Camp	paign Financing		\$5.00	
23		28		_	Trust Fund Co	ontribution		Added t	o Fees
Zip	Country Country	Zip	Count	ry	8, This corporation	on owes the curre	ent year Int		_
24	25 22 24		30	_	' Personal Prop			Yes	□No
	.9. Name and Address of Current	Registered Agent			10. Name and Ad	ddress of New R	egistered	Agent	
			{	Name					1
	E, SCOTT		1	Street /	Address (P.O. Box Numb	er is Not Accepta	ble)		
312 NORTHLAKE DRIVE, #202			1			duless (F.O. Box Nulliber is Not Acceptable)			
NOF	7TH PALM BEACH FL 33408		8	13		٠.	,		
				4 City	· ··-	,	•	85 Zip (
			ľ	H4 City			FL	. 63 215 \	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the abo	ve-named	corporation submits this s	tatement for the	ourpose of	changing its	registered
office or r	egistered agent, or both, in the State of	f Florida. Such change was au		w the como	oration's board of director:	s. I nereby accep	i the appoi	ntment as re	gistered
anentla	m familiar with, and accept the obligation	ons of Section 607.0505. Flori	da Statut	es.	- '				
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statut	es.			·		
agent. I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statut	es. 	equired when reinstating)		DATE		
agent. I a	m familiar with, and accept the obligation	and title if applicable. (NOTE: 1	da Statut	es. 	equired when reinstating)	HANGES TO OFF	DATE		RS IN 12
agent. I a SIGNATURE	m familiar with, and accept the obligation	and title if applicable. (NOTE: 1	da Statut Registered A	gent signature n	equired when reinstating)		DATE		
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Flori and title if applicable. (NOTE: I	da Statut Registered A	gent signature n	equired when reinstating)		DATE	ND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT	ons of, Section 607.0505, Flori and title if applicable. (NOTE: I	Registered A 13. 1.1 TITU 1.2 NAM	gent signature n	equired when reinstating)		DATE	ND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND PRICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI	gent signature n	equired when reinstating)		DATE	ND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI	es. gent signature n E E E E E E E T ADDRESS -ST-ZIP	equired when reinstating)		DATE	ND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND PRICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY	es. E E E E E E E T ADDRESS -ST-ZIP	equired when reinstating)		DATE	ND DIRECTO ☐ Change	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND PRICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM	es. E E E E E F ST-ZIP E E	equired when reinstating)		DATE	ND DIRECTO ☐ Change	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND PRICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI	es. gent signature of E E E E E E T T T T T T T	equired when reinstating)		DATE	ND DIRECTO ☐ Change	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND PRICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY	es. gent signature of E E E E E E E T T T T T T	equired when reinstating)		DATE	ND DIRECTO ☐ Change	PRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND PRICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2. 4 CITY 3.1 TITLI 3.1 TITLI 3.1 TITLI 3.1 TITLI 3.2 STATUTE 3.1 TITLI 3.1 TITLI 3.2 STATUTE 3.1 TITLI 4.1 TIT	es. gent signature n E E E E E E E T ADDRESS -ST-ZIP E E E E T ADDRESS -ST-ZIP	equired when reinstating)		DATE	ND DIRECTO Change	PRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	es. E E E E E E E T ADDRESS - ST-ZIP E E E E E T ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E	equired when reinstating)		DATE	ND DIRECTO Change	PRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	A Statut Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI	es. gent signature of E E E E E E E E E E E E E	equired when reinstating)		DATE	ND DIRECTO Change	PRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	A Statut Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 3.4 CITY 3.4 CITY 3.4 CITY	es. gent signature of E E E E E E E E E E E E E	equired when reinstating)		DATE	ND DIRECTO Change	PRS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.	es. gent signature of E E E E E E E E E E E E E	equired when reinstating)		DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM	es. gent signature of E E E E E E E E E E E E E	equired when reinstating)		DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITI 4.1 TITLI 4.2 NAM 4.3 STRI	es. gent signature of E E E E E E E E E E E E E	equired when reinstating)		DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITI 4.1 TITLI 4.2 NAA 4.3 STRI 4.4 CITY	es. gent signature of E E E E E E E E E E E E E	equired when reinstating)	HANGES TO OFF	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202 NORTH PALM BEACH FL 33408	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITI 4.1 TITLI 4.2 NAA 4.3 STRI 4.4 CITY 5.1 TITLI 5.1 TIT	es. gent signature of E E E E E E E E E E E E E	equired when reinstating)	HANGES TO OFF	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM	es. gent signature of E E E E E E E E E E E E E	equired when reinstating) ADDITIONS/C	HANGES TO OFF	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202 NORTH PALM BEACH FL 33408	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAA 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.	EET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP EET ADDRESS EET ADDRESS (-ST-ZIP EET ADDRESS	equired when reinstating) ADDITIONS/C	HANGES TO OFF	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202 NORTH PALM BEACH FL 33408	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.4 CITY 5.4 CITY 5.4 CITY 5.5 TITLI 5.7 NAM 5.3 STRI 5.4 CITY 5.4 CITY 5.5 TITLI 5.5 NAM 5.3 STRI 5.4 CITY 5.5 TITLI 5.5 NAM 5.3 STRI 5.4 CITY 5.5 TITLI 5.5 NAM 5.5 STRI 5.4 CITY 5.5 TITLI 5.5 CITY 5.	es. gent signature of E E E E E E E E E E E E E	equired when reinstating) ADDITIONS/C	HANGES TO OFF	DATE	DDIRECTO Change Change Change Change	Addition Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202 NORTH PALM BEACH FL 33408	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 4.4 CITY 4.2 NAM 4.3 STRI 4.4 CITY 5.7 TITL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITL 6.1	es. gent signature of E E E E E E E E E E E E E	equired when reinstating) ADDITIONS/C	HANGES TO OFF	DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P RICE, SCOTT 312 NORTHLAKE DRIVE, #202 NORTH PALM BEACH FL 33408	ons of, Section 607.0505, Flori and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLL 3.2 NAM 3.3 STRI 4.4 CITY 4.2 NAM 4.3 STRI 4.4 CITY 5.7 TITLL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITLL 6.2 NAM	es. gent signature of E E E E E E E E E E E E E	equired when reinstating) ADDITIONS/C	HANGES TO OFF	DATE	DDIRECTO Change Change Change Change	Addition Addition Addition 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 poort 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 of 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, with all other like empowered.

SIGNATURE:

561-832 9788