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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M32107** **(8)**

1. Corporation Name
SCOTT E. LINDQUIST, INC.

Principal Place of Business	Mailing Address
15515 MIAMI LAKEWAY NORTH. #203 MIAMI LAKES FL 33014	6101 PALM TERRACE LANDINGS DRIVE SUITE 120 DAVIE FL 33314-1872 US

3. Date Incorporated or Qualified: 05/15/1986
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business	2a. Mailing Address
21 10771 SW 14 Court	26 10771 SW 14 Court
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Davie, FL	28 City & State: Davie, FL
24 Zip: 33324 25 Country: USA	29 Zip: 33324 30 Country: USA

4. FEI Number: 59-2671788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LINDQUIST, SCOTT E. 15515 MIAMI LAKEWAY NORTH #203 MIAMI LAKES 33014	81 Name: LindquisT, ScoTT E, 82 Street Address (P.O. Box Number is Not Acceptable) 83 10771 SW 14 CouFT 84 City: Davie FL 85 Zip Code: 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LINDQUIST, SCOTT E.	1.2 NAME	
STREET ADDRESS	15515 MIAMI LAKEWAY N.	1.3 STREET ADDRESS	10771 SW 14 CouFT
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Davie, FL 33324
TITLE	T ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LINDQUIST, SCOTT E.	2.2 NAME	
STREET ADDRESS	15515 MIAMI LAKEWAY N.	2.3 STREET ADDRESS	10771 SW 14 CouFT
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Davie FL 33324
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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: Scott E Lindquist Scott E Lindquist 3-10-97 3055574814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0273187