

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**98 JUN 22 PM 2:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT #** N26160  
 1. Corporation Name  
**THE SCOTT LAKE ATHLETIC CLUB, INC.**

Principal Place of Business      Mailing Address  
**17710 NW 15 COURT  
 MIAMI, FLORIDA 33169**

3. Date Incorporated or Qualified  
**4/28/88**  
 4. FEI Number **00002571647** Applied For  Cable  
**65-0122677-06/25/98--01007** Not For  Cable

21. Principal Place of Business	22. Mailing Address
21. Suite, Apt. #, etc.	22. <b>6155 NW 186 STREET</b>
23. City & State	23. Suite, Apt. #, etc.
23. Zip	23. <b>APT# 301</b>
24. Country	24. City & State
24. <b>USA</b>	24. <b>MIAMI, FLORIDA</b>
25. Zip	25. Zip
25. <b>33015</b>	25. <b>33015</b>
26. Country	26. Country
26. <b>USA</b>	26. <b>USA</b>

5. Certificate of Status Desired  \$675 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name	<b>JOSEPH COOPER</b>
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>6155 NW 186 STREET, #301</b>
84. State	<b>FL</b>
85. Zip Code	<b>33015</b>

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE J. St. C. **JOSEPH COOPER** DATE **5/29/98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STEPHEN BUTTERFIELD (PD)</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY (SD)</b> <input checked="" type="checkbox"/> DELETE <b>CHERYL BIVENS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1ST VICE PRESIDENT (VD)</b> <input checked="" type="checkbox"/> DELETE <b>JANICE COAKLEY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER (TD)</b> <input checked="" type="checkbox"/> DELETE <b>MILLIE VANCE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2ND VICE PRESIDENT (VD)</b> <input checked="" type="checkbox"/> DELETE <b>LORETTA PRATT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PRESIDENT (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JOSEPH COOPER</b>
1.3 STREET ADDRESS	<b>6155 NW 186 ST, APT #301</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33015</b>
2.1 TITLE	<b>1ST VICE PRESIDENT (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LORENZO JOHNSON</b>
2.3 STREET ADDRESS	<b>6340 NW 200 TERRACE</b>
2.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33155</b>
3.1 TITLE	<b>2ND VICE PRESIDENT (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MARTIN MAULTSBY</b>
3.3 STREET ADDRESS	<b>2230 NW 190 TERRACE</b>
3.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33054</b>
4.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MICHELLE SPANN</b>
4.3 STREET ADDRESS	<b>12820 NW 18 COURT</b>
4.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33128</b>
5.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>WANDA PARKER</b>
5.3 STREET ADDRESS	<b>17322 NW 9 COURT</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FLORIDA 33169</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>LPS 6-23-98</b>
6.4 CITY-ST-ZIP	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. St. C. **JOSEPH COOPER** DATE **5/29/98** (954) 962-4445  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E037 (10/97)