

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90022 021 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #**

N26100

1. Corporation Name

Scott Lake Athletic Club, Inc

Principal Place of Business

Mailing Address

17710 NW 15th Court  
 Miami, FL 33169

2. Principal Place of Business

21 17710 NW 15th Ct.

2a. Mailing Address

26 19604 NW 29th Ave.

3. Date Incorporated or Qualified

4/28/88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0122677

Applied For

Not Applicable

22 City & State

23 Miami, FL

27 City & State

28 Miami, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

33169

25

29 Zip Country

33056

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Joseph Cooper

82 Street Address (P.O. Box Number is Not Acceptable)

19604 NW 29th Ave

83

84 City

Miami,

FL

85 Zip Code 33056

11. Pursuant to the provisions of Sections 617.0502 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

*Joseph S. Cooper*

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME 1st Vice President  
 Lorenzo Johnson  
 STREET ADDRESS 6340 NW 200th Ter  
 CITY-ST-ZIP Miami, FL 33155

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME Treasurer  
 Michelle Spann  
 STREET ADDRESS 12820 NW 18th Ct.  
 CITY-ST-ZIP Miami, FL 33128

TITLE  DELETE  
 NAME Secretary  
 Wanda Parker  
 STREET ADDRESS 17322 NW 9th Ct.  
 CITY-ST-ZIP Miami, FL 33169

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.1 TITLE President (D)  Change  Addition  
 1.2 NAME Joseph Cooper  
 1.3 STREET ADDRESS 19604 NW 28th Ave.  
 1.4 CITY-ST-ZIP Miami, FL 33056

2.1 TITLE 1st Vice President (D)  Change  Addition  
 2.2 NAME Martin Maultsby  
 2.3 STREET ADDRESS 2230 NW 190th Ter  
 2.4 CITY-ST-ZIP Miami, FL 33056

3.1 TITLE 2nd Vice President (D)  Change  Addition  
 3.2 NAME Frank Ligon Jr.  
 3.3 STREET ADDRESS 1204 S 20th Ave  
 3.4 CITY-ST-ZIP Hollywood, FL 33020

4.1 TITLE Treasurer  Change  Addition  
 4.2 NAME Tania Bailey  
 4.3 STREET ADDRESS 6941 NW 173rd Drive Apt 201  
 4.4 CITY-ST-ZIP Miami, FL 33015

5.1 TITLE Secretary  Change  Addition  
 5.2 NAME Cleola Horne  
 5.3 STREET ADDRESS 2951 NW 187th Street  
 5.4 CITY-ST-ZIP Miami, FL 33056

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE:

*Joseph S. Cooper*

Date

Daytime Phone #

7-14-99 305-628-0041

CR3:E037 (11/98)