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Jan 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28980** (3)

1. Corporation Name

**SCOTT LAKES ARMS, INC.**

Principal Place of Business

Mailing Address

**17820 NW 14TH PL  
MIAMI FL 33169**

**17820 NW 14TH PL  
MIAMI FL 33169**

3. Date Incorporated or Qualified

**10/25/1988**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt #, etc.

**26** **17943 NW 40th Ct**

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** **MIAMI FLORIDA**

**29** **33055**

**24**

9. Name and Address of Current Registered Agent

**MCCOLLIN, REUBEN  
10785 SW 165 TERRACE  
MIAMI FL 33157**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **PINDAR, LELIA**  
STREET ADDRESS **17820 NW 14TH PLACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **NELSON, EUDORA**  
STREET ADDRESS **15513 SW 102 CT**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **MACK, J.D.**  
STREET ADDRESS **1200 NW 95TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **GREEN, JIMMY**  
STREET ADDRESS **17943 NW 40TH COURT**  
CITY-ST-ZIP **CAROL CITY FL**

TITLE **D** ☐ DELETE

NAME **WRIGHT, LEIGHTON**  
STREET ADDRESS **10278 SW 145 COURT**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE: *Leila Pindar* **LEILA PINDAR**

**1-5-98**

CR2E037 (10/97)