

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 31 1998 8:00am  
 Secretary of State

PROFIT 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 # P35974 (5)**

1. Corporation Name  
**GEORGIA - SCOTT & ASSOCIATES, INC.**



Principal Place of Business 365 NORTHRIDGE RD STE 230 ATLANTA GA 30350 US	Mailing Address 365 NORTHRIDGE RD STE 230 ATLANTA GA 30350 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/17/1991**

2. Principal Place of Business 21 <b>3700 MANSELL ROAD</b>	2a. Mailing Address 26 <b>3700 MANSELL ROAD</b>
Suite, Apt. #, etc. 22 <b>SUITE 140</b>	Suite, Apt. #, etc. 27 <b>SUITE 140</b>
City & State 23 <b>ALPHARETTA, GA</b>	City & State 28 <b>ALPHARETTA, GA</b>
Zip 24 <b>30022</b>	Country 25 <b>USA</b>
Zip 29 <b>30022</b>	Country 30 <b>USA</b>

4. FEI Number <b>58-1890431</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, HUGH H., JR.</b>	
STREET ADDRESS	<b>365 NORTHRIDGE RD STE 230</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>SCOTT, MARY</b>	
STREET ADDRESS	<b>8807 ROBERTS DRIVE, #101</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KETTANEH, TAREK</b>	
STREET ADDRESS	<b>RR1, BOX 72-A</b>	
CITY-ST-ZIP	<b>MILLBROOK NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3700 MANSELL ROAD SUITE 140</b>
1.4 CITY-ST-ZIP	<b>ALPHARETTA, GA 30022</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3700 MANSELL ROAD SUITE 140</b>
2.4 CITY-ST-ZIP	<b>ALPHARETTA, GA 30022</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>200002631432</b>
5.3 STREET ADDRESS	<b>-09/02/98--01066--008</b>
5.4 CITY-ST-ZIP	<b>***150.00</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 7-14-98 770-998-7000

CRZE034 (5/98)

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# SCOTT & ASSOCIATES, INC.

Real Estate • Development • Acquisitions

3700 Mansell Road  
Suite 140  
Alpharetta, Georgia 30022  
(770) 998-7000  
Fax (770) 998-7063

August 19, 1998

Annual Reports Filings  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Document # P35974

To Whom It May Concern:

I am writing to inform you that the *first* notice sent to us was *never received*. Therefore, enclosed you will find a check in the amount of \$150.00 as listed on the bottom of the second page (annual report \$61.25 + \$88.75 corporation supplemental fee).

I appreciate your time.

Thank you,



Margaret McGinn  
Scott & Associates, Inc.

cc: Hugh Scott, Jr.

Annual Reports Filings  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314