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PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000019213 (6)

GREGORY SCOTT AND ASSOCIATES, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2231 NORTHEAST 191ST STREET 2231 NORTHEAST 191ST STREET NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0407250 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HENDERSON, GREGORY 2231 NORTHEAST 191ST STREET 62 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33180 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE DELETE 1.1 TITLE HENDERSON, GREGORY S 12 NAME 2231 NE 191 ST STREET ADDRESS 1.3 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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:

305-933-9674