FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000059863 (9)**

1. Corporate Name

SCOTTISH PRINCE, INC.

Principal Place of Business

8350 NW 52 TERRACE
SUITE 301
MIAMI FL 33166

Mailing Address

8350 NW 52 TERRACE
SUITE 301
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1993**

3a. Date of Last Report: **04/07/1994**

2. Principal Place of Business — 21 / 22 Suite, Apt. # or Bldg. / 23 City & State / 24 ZIP / 25 County

2a. Mailing Address — 26 / 27 Suite, Apt. # or Bldg. / 28 City & State / 29 ZIP / 30 County

4. FEI Number: **65-0464082** — Applied For / Not Applicable

5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for chargeable tax under § 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SPEAR, SIMEON D
8350 NW 52ND TERRACE
SUITE 301
MIAMI FL 33166

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 607.0502 and 607.0505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A-Z)	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	MCGILVRAY, FRED	NAME	
STREET ADDRESS	8350 NW 52ND TERR #301	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	SPEAR, M GLENN	NAME	
STREET ADDRESS	8350 NW 52ND TERR #301	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	SPEAR, SIMEON D	NAME	
STREET ADDRESS	8350 NW 52ND TERR #301	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, if applicable, or on an attachment with an address.

SIGNATURE: Simeon D. Spear — 4/27/95 — 305-591-8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102028 CP