**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 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015231 (1)**

1. Corporation Name
**SCOTT BRUCE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1315 HAMPTONS BLVD.<br>N. LAUDERDALE FL 33068 | 1315 HAMPTONS BLVD.<br>N. LAUDERDALE FL 33068 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 7960 NW 89 Ave | 2a. Mailing Address<br>26 7960 NW 89 Ave | 4. FEI Number<br>X 65-0470357 ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| City & State<br>23 Tamarac FL | City & State<br>28 Tamarac FL | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |
| Zip / Country<br>24 33321 / 25 US | Zip / Country<br>29 33321 / 30 US | 8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BRUCE, IAN S<br>1315 HAMPTONS BLVD.<br>N. LAUDERDALE FL 33068 | 81 Name<br>82 Street Address (P.O. Box Numbers Not Acceptable): 7960 NW 89 Ave<br>83<br>84 City: Tamarac FL 85 Zip Code: 33321 |

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: Ian Scott Bruce / Ian Scott Bruce / President — 4-26-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☒ Change ☐ Addition |
| NAME | BRUCE, IAN S | 12 NAME | Bruce, Ian S |
| STREET ADDRESS | 1315 HAMPTONS BLVD. | 13 STREET ADDRESS | 7960 NW 89 Ave |
| CITY-ST-ZIP | N. LAUDERDALE FL 33068 | 14 CITY-ST-ZIP | Tamarac, FL 33321 |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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 if changed, or on an attachment with an address.

**SIGNATURE:** Ian Scott Bruce / Ian Scott Bruce / Pres. — 4-26-95 — 305-720-0535
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0111870 CP