

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017420 (8)

1. Corporation Name
SCOTT B. CHAPMAN, P.A.



Principal Place of Business

7900 GLADES ROAD
STE 330
BOCA RATON FL 33424
US

Mailing Address

7900 GLADES ROAD
STE 330
BOCA RATON FL 33434-4104
US

3. Date Incorporated or Qualified
03/07/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 7010-4 West Palmetto Pk Rd

Suite, Apt. #, etc.
22 Suite 399

City & State
23 Boca Raton, FL

Zip
24 33433

Country
25

2a. Mailing Address
26 7010-4 West Palmetto Pk Rd

Suite, Apt. #, etc.
27 Suite 399

City & State
28 Boca Raton, FL

Zip
29 33433

Country
30

4. FEI Number
65-0466370

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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAPMAN, SCOTT B ESQ.
2300 GLADES ROAD
WEST TOWER SUITE 400
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Chapman, Scott B. Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
7010-4 West Palmetto Park Ranch
83 Suite 399
84 City: Boca Raton FL 85 Zip Code: 33433

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)

7/6/97
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CHAPMAN, SCOTT B
STREET ADDRESS 6646 VILLA SUNRISE DRIVE, #510
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 do 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: [Signature] 4/21/97 (21) 463-8800

CR2E034 (9/96)