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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT # P94000046251 (2)

SCOTTALINE BAIL BONDS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

1399 NW 17TH AVE SUITE 307 MIAMI FL 33125

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FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 06/21/1994

65-0500591

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip		Country	├ -, [∠] ''		_	Jountry		- 1					urrent year I		e
24	25 29 30								J Property				□ No		
		and Address of Current F	łegistered Ag	ent		81	Name		IO, Name a	nd Addres	ss of New	Registered	Agent		
GENOVA, ANTHONY ESQ								?							- 1
444 BRICKELL AVE SUITE 711							Street	t Address	(P.O. Box I	Number is	Not Acces	otable)			
MIAMI FL 33131									· · · · · · · · · · · · · · · · · · ·						
													85 Zi	p Code	
			84	City					FI	L (85) 41	2 COG6	Ì			
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.															stered ered
SIGNA	TURE									i					
	Signature, typed	d or printed name of registered agent a		(NOTE			nt signature	re required wh	hen reinstating)			DATE			
12.		OFFICERS AND D		I not one		3.			ADDITION	NS/CHANG	ES TO OF	FICERS AN	ID DIRECTO		
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STREET AL	ORESS				6.3	STREET A	ADDRESS								
CITY-ST-						4 CITY-ST									
14. I he	reby certily that th	e information supplied with I	this filing does	not qualify fo	r the e	exempt	on state	ed in Sec	tion 119.07((3)(i), Floric	da Statute	s. I further o	ertify that th	e informa	ation
ind offi Blo	icaled on this annu cer or director of th ck 12 or Block 13 i	al report or supplemental ar ne corporation or the receive I change to on an attachm	nnual report is ir or trustee en nent with an ac	true and acci apowered to e idress.	urate a execut	and tha e this r	t my sig eport as	gnature st s required	au nave the I by Chapte	same leg r 607, Flori	iai e⊓ect a ida Statute ∕	is if made u es; and that	ng name a	ppears ir	an

URE REQUIRED