FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

7 (1)	1996	and the second second	etary of State DF CORPORATIONS		
1. Corporation	JMENT # P9400	00082539 (5	i)		
SCOT	T A. JOHNSON, P.A.				110 101 114 100 114 11 11 11 11
Principal Plac	ce of Business	Mailing Address		T ORDER DE LEGIS DE L	ORNIK BONDA IBNIK HERBI BINDE HIND IBNI AFFI
PO BOX 85		PO BOX 85			
WEST PALM	A BEACH FL 33402	WEST PALM BEACH F	FL 33402		
				3. Date Incorporated or Qualified 11/10/1994	3a. Date of Las: Report 04/21/1995
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	. #. elc.	Suite, Apt. #, etc.		65-0532685	Not Applicable
22		27 Soile, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5 00 May Ro
Zip	Country	28 7in		Trust Fund Contribution	Added to Fees
24	25	Zip 29	Country 30	8. This corporation has liability for a Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Curre			10. Name and Address of New R	
			81 Name		
	A JOHNSON		82 Street Add	iress (P.O. Box Number is Not Acceptab	le)
	FLAGLER DR 1313 PALM BEACH FL 33401		83		
MEG: 1	MEM DEMON PE 33401				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the above named corpo	eration submits this statement for the pur	<u>` </u>
familiar wi	pred agent, or both, in the State of Flor with, and accept the obligations of, Sec	ida. Such change was authoriz ition 607.0505, Florida Statutes	red by the corporation's boals.	ration submits this statement for the purp and of directors. I hereby accept the appo	pintment as registered agent. I am
SIGNATURE					
12.	Signature typed or printed name of registered agen OFFICERS AN	nt and title if applicable (NO ND DIRECTORS	OTE Registered Agent signature require 13.	d when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIDECTORS IN 10
TITLE	PVTD	DELETE	1 1 TITLE	ADDITIONS/OFFARIOLS TO OFF	Change Addition
NAME	JOHNSON, SCOTT A		1.2 NAME		Change Comment
STHEFT ADDRESS	505 S FLAGLER 1313		1.3 STREET ADDRESS		
C:TY-ST-ZIP TIJLE	WEST PLAM BEACH FL	FIRE	1.4 CITY - ST - ZIP		
NAME		☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			22 NAME		
DITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY - ST- ZIP		
VILE		☐ DELETE	3 1 TITLE		Change Addition
IAME			3 2 NAME		
STREET ADDRESS	1		3.3. STREET ADDRESS		
ITY-ST-ZIP ITLE		- Direction	34 CITY - ST - ZIP		
NAME		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
IJLE		☐ DELETE	5 1 TITLE		Change Addition
IAMÉ			5.2 NAME		<u> </u>
TREET ADDRESS			5 3 STREET ADDRESS		
TLF		DELETE	5.4 C(TY - ST - Z(P		
iAME			6 1 TITLE		Change
IREF I ADORESS			6.2 NAME 6.3 STREET ADDRESS		
ITY-ST-ZIP			64 CITY-ST-ZIP		
 I do hereby certify that 	y certify that the information supplied v	with this filing is voluntarily furni	ched and done not avail 4	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further
14. I do hereby certify that oath; that I	y certify that the information supplied v the information indicated on this annu I am an officer or director of the corpor Block 12 or Block 13 if changed, or o	ration or the receiver or trustee	ished and does not qualify for ual report is true and accurate pergrowered to execute this	or the exemption stated in Section 119.0 te and that my signature shall have the s. s report as required by Chapter 607, Flor	7(3)(k), Florida Statules. I fun ame legal effect as if made u ida Statutes; and that my na

SIGNATURE:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/66 407-655-7200

CR2E034 (12/95)