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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000004252**1. Corporation Name

GREAT SCOTT PRODUCTIONS, INC.

	•						
Principal Plac	ce of Business	Mailing Address				nii4 Baiti Abiit Baiti Aidia	ITAN ANTA ITA IBAT
5844 N.W. 71S PARKLAND FL		5844 N.W. 71ST TERR. Parkland Fl. 33067					
US		US				ITE IN THIS SPACE	
			•		 Date Incorporated or Qualified 01/13/1995 		
⊢	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			36-5054458		Not Applicable
Suite, Apt.	*	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Additional Required
City & Star	te ·	City & State			6. Election Campaign Financing	1 1	00 May Be
23		28			Trust Fund Contribution		led to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Intangible	□No
24	25 9. Name and Address of Curr	29 .	30		Personal Property Tax. 10. Name and Address of New		LJNO
	9, Name and Address of Con	lent vehisteren vheur	81	Name	TO. Haine and Address of Now	registored Agent	
SEIE	BEL, GARY	and the				,	
	N.W. 71ST TERRACE		82	Street Addre	ess (P.O. Box Number is Not Accept	able)	•
	KLAND FL 33066	•	83			والوالي الروائية المراكب	To Fasi Dr
~				City	* * * * * * * * * * * * * * * * * * * *		Zip Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Stat	tutes, the above-	named corpo	pration submits this statement for the	purpose of changing	its registered
	registered agent, or both, in the Sta am familiar with, and accept the obli			e corporation	n's board of directors. I hereby acce	pt the appointment a	s registered
[im ramiliar with, and accept the obli	gations of, Section 607.0505, F	Torica Statutes.				
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NC	TE: Registered Agent s	ignature required	when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	CTORS IN 12
πιε	D	☐ DELETE	1.1 TITLE		,	☐ Char	Diddition
NAME.	SEIBEL, GARY						nge
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CITY-ST-ZIP	PARKLAND FL		1.2 NAME 1.3 STREET A	DDRESS		_ Collab	. Addition
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14. I 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 trasfee 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 op an attachment with an address, with all priner like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

954-340-WOS

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90050 044 ***150.00