## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000009311 (8) **DOCUMENT #** 1. Corporation Name ALAN SCOTT INC. Principal Place of Business Mailing Address 12164 OUERCUS LN 12164 OUERCUS LN WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 2mCountry Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCOTT, ALAN Street Address (P.O. Box Number is Not Acceptable) 12164 QUERCUS LN WEST PALM BEACH FL 33414 83 84 Zip Code 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 Fiorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam gester different apply in abb SIGNATURE (NOTE: Region roll Age it signature religired when religiblings 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TiTLE DELETE 1 1 TITLE ☐ Change Addition SCOTT, ALAN NAMe 1.2 NAME 12164 QUERCUS LN STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-2IP 1.4 CITY - ST-ZIP TITLE DELETE 2 1 THILE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 24 CITY - \$! - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST. ZIP TITLE DECETE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE **€000001** 85.35516 -06/06/96--01084--012 \*\*\*200\_00 DELETE 5 1 Tille Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS \*\*\*200.00 CITY-ST-ZIP 5 4 CHY-\$1-7/P TITLE DELETE 6 1 Talle Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I brither 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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29 1-417-798-3140

CR2E034 (12/95)