## . .£ NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000019101 (1) 1. Corporation Name

SCOTTY'S ENTERTAINMENT CENTER, INC.

Country

9. Name and Address of Current Registered Agent

25

7716 EAST COLONIAL DRIVE

HIXON, DEREK

ORLANDO FL 32807

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

7716 EAST COLONIAL DRIVE ORLANDO FL 32807-8422

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

24

NAME

STREET ADDRESS

Zip

7716 EAST COLONIAL DRIVE ORLANDO FL 32807-8422

FILED

Apr 15 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1995 Applied For 4. FEI Number 59-3303679 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year lotangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent FLESC Street Address (P.O. Box Number is Not Acceptable)

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 a 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 lamillar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agont signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. □ DELETE Change Addition 1.1 TITLE TITLE HIXON, DEREK 1.2 NAME HIXSON NAME DEREIL 7716 EAST COLONIAL DRIVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32807-8422 1.4 CITY-ST-ZIE CITY-ST-ZIP Addition DELETE Channe 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 THILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

Country

82

83

406 X14

City

30

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 nustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if planged, or on an attachminant with an address.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

1/4/62