

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057712 (8)

1. Corporation Name
SCOTT TYLER MARKETING, INC.



Principal Place of Business

4960 SOUTHWEST 72 AVENUE, SUITE 301
MIAMI FL 33155

Mailing Address

POST OFFICE 331663
COCONUT GROVE FL 33233

3. Date Incorporated or Qualified
07/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 16413 SAPPHIRE DR

26 16413 SAPPHIRE DR

4. FEI Number

59-3332494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 City & State

23 FT LAUDERDALE FL

27 City & State

28 FT LAUDERDALE FL

24 Zip 33331

Country

29 Zip 33331

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
16413 SAPPHIRE DR

83

84 City

FT LAUDERDALE

FL

85 Zip Code 33331

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.

SIGNATURE *Mitchell Summer*
Signature, typed or printed name of registered agent and title if applicable.

MITCHELL SUMMER

4-24-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME SUMMER, LISA J ☐ DELETE
STREET ADDRESS 4960 SOUTHWEST 72 AVENUE, SUITE 301
CITY-ST-ZIP MIAMI FL 33155

1.1 TITLE ~~TO~~
1.2 NAME SUMMER, LISA J ☒ Change ☐ Addition
1.3 STREET ADDRESS 16413 SAPPHIRE DR
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33331

TITLE TD
NAME SUMMER, SANFORD J ☒ DELETE
STREET ADDRESS 4960 SOUTHWEST 72 AVENUE, SUITE 301
CITY-ST-ZIP MIAMI FL 33155

2.1 TITLE PSD
2.2 NAME MITCHELL SUMMER ☐ Change ☒ Addition
2.3 STREET ADDRESS 16413 SAPPHIRE DR
2.4 CITY-ST-ZIP FT LAUDERDALE, FL 33331

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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 on an attachment with an address.

SIGNATURE: *Mitchell Summer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 (954) 389-9838

Date

Daytime Phone

CR2E034 (12/95)