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FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000059061 (8)

1. Corporation Name

SCOOTER WORLD MOBILITY CENTER INC.

Principal Place of Business

1871 N NOVA RD
HOLLY HILL FL 32117

Mailing Address

1871 N NOVA RD
HOLLY HILL FL 32117-1443

2. Principal Place of Business

21 State And Street

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State And # etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

05/26/1996

4. FEI Number

59-3328254

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

9. Name and Address of Current Registered Agent

VANDERWIJER, JACK
816 S FLAMINGO DR
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. I, the undersigned, hereby certify that 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 fully aware of and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

P
VANDERWIJER, JACK
816 S FLAMINGO DR
HOLLY HILL FL 32117

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 supplied 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 a director or officer of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
is shown in Block 12 or Block 13 or changed, or as an attachment with an address

SIGNATURE: Jack VanderWiere
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97 904-672-1990

CR2E034 (9/96)