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

PROFIT CORPORATION ANNUAL REPORT



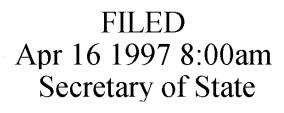
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500080477 (9)

MICHAEL SCOTT CORPORATION



Principal Plac	e of Ausiness	Mailing Address					
1038 C SUMMIT TRAIL CIRCLE 2298-D S. MILITART TRAIL WEST PALM BEACH FL 33415 16						•	
		WEST PALM BEACH FL 334: US	15		3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Repo 04/25/1996	ori
2. Principal P	lace of Business	2a. Mailing Address		·	4. FEI Number		ed For
21/2424	N. CONGRESS AVE	26			65-0612726	Not A	pplicable
Suite, Apt 22 <i>SUITE</i>	* D	Suite, Apt. #, etc.			5. Certificate of Status Desired	SB.75 Add Fee Requi	
	ILM BCH. FL.	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	
²⁴ 334		Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent		
D) FT/	9. Name and Address of Current	Hedisteled Wdeur	81	Name	10. Name and Address of New He	listeled Woellf	
	CHER, ROBERT G C SUMMIT TRAIL CIRCLE		82				
WEST PALM BEACH FL 33415				Street Addre	ess (P.O. Box Number is Not Acceptab	· e)	
1120	THE BENOTITE SOTIO		83				
l			84	City		85 Zip C∞	
			į	" "		FL	
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable (NOTE		ent signature require	oration submits this statement for the pon's board of directors. I hereby accepted when reinstang? ADDITIONS/CHANGES TO OFFICE.	DATE	
TITLE	POST	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC		Addition
NAME	BUTCHER, ROBERT G		1.2 NAME				
STREET ADDRESS	1038 C SUMMIT TRAIL CIRCLE		1.3 STREE	T ADDRESS			
CITY-ST-7IP	WEST PALM BEACH FL		1.4 CiTY-1	ST - ZIP			
T:TLE	VPO DELETE		21 TITLE			☐ Change	Addition
NAME	MILLIAN, RICHARD;HI-TEC I		22 NAME				
STREET ADDRESS	195 BAY STATE DRIVE			Y ADDRESS			
CITY - S1 - ZIF	BRAINTREE MA	DELETE	2. 4 CITY -	ST-ZIP		Change	Addition
TITLE NAME			3.1 TITLE 3.2 NAME			FTI CHRUNGE F	, novigion
STREET ADDRESS				f Address			
DITY-ST-ZIP			3.4. CITY -	.,			
TITLE			4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - ST - ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE 5.1				Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY: ST-Z-P		☐ DELETE	54 CITY-	ST - ZiP		Change C	Addition
T-TLE NAME		□ prrri€	61 TITLE 62 NAME	1		La Criange L	nuol(lol)
STREET ADDRESS			li .	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-	1			
14 I do hovel	L	tich this files does not a self.			in Costion 110 07/3/ii) Elorida Statutor	I further equif , the the	

4. I do 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4)10/97 (54) 684-4728

AEGIDAT