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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

1200



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 02 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080477 (9)

MICHAEL SCOTT CORPORATION

Principal Place of Business Mailing Address 2424 N CONGRESS AVE 2298-D S. MILITART TRAIL SUITE D W PALM BCH FL 33409 WEST PALM BEACH FL 33415 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 10/16/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0612726 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution \Box Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BUTCHER, ROBERT G 81 1038 C SUMMIT TRAIL CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33415 **B3** 84 City 85 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 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** Signature, typed or printed name of repercised agent and title diapple, ble (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 POST TITLE DELETE 1.1 TITLE Change **BUTCHER, ROBERT G** NAME 1.2 NAME 1038 C SUMMIT TRAIL CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **West** Palm Beach Fl CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition MILLIAN, RICHARD:HI-TEC I NAME 2.2 NAME 195 BAY STATE DRIVE STREET ADDRESS 2 3 STREET ADDRESS **BRAINTREE MA** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 200002546952 NAME 4. 2 NAME -06**7**04/98--01007--0**28** STREET ADDRESS 4.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS

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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 altachment with an address.