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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #	P95000096578 (6
1. Corporation Name	

1. Corporation	NENI# P95U	100096578 (6)				
1	EN SCOTT PROPERTIES	S INC				
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	**************************************			••		
Principal Place	of Business	Mailing Address			r araine ur and langt after derit Balle Balle	ana mua min mini (mami fall ibbl
121 W ROBIN ORLANDO FL		121 W ROBINSON ST ORLANDO FL 32901				
,					3. Date Incorporated or Qualified 3i 12/21/1995	Date of Last Report
Principal Place of Business     Research Mailing Address				4. FET Number	Applied For	
21 26						Not Applicable
27					5. Cortificate of Status Desired	\$8.75 Additional Fee Required
City & State 28		· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Gountry		8. This corporation has liability for intan	gible tax under s 199.032,
24	9. Name and Address of Cu	urrant Pagistared Agent	30	·····	Florida Statutos Yes No	
	a. Maine and Address of Ci	arrent neglistered Agent	81	Name	10. Name and Address of New Regis	stered Agent
, CARTER,	, CARTER, W. SCOTT		82	<u></u>	dress (P.O. Box Number is Not Acceptable)	
121 W R	obinson st			Olidot Ad	odress (P.O. Box Number is Not Acceptable)	
ORLAND	O FL 32801		83			
,			84	City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the above-r	l named corp	oration submits this statement for the purpose	of changing its registered office
or register familiar wit	ed agent, or both, in the State of th, and accept the obligations of.	Florida Such change was authorize Section 607.0505, Florida Statutes.	od by the corp	oration's bo	oration submits this statement for the purpose ard of directors. I hereby accept the appointm	nent as registered agent. I am
SIGNATURE	Signature typod or printed han e of registered					
12.		B AND DIRECTORS	TE Registered Ager	r, sigmanure requi	red when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE IS AND DIRECTORS IN 12
TITLE	D	[] DERETE	1 1 THTLE			Change Addition
NAME CARTER, W. SCOTT			1.2 NAME			
STREET ADDRESS	121 W ROBINSON ST ORLANDO FL 32801		1.3 STREET ADDRESS			
CHTY-ST-7IP TITLE	OUDVINO LE 35001	[ ] DELETE	14 CITY-S 2 1 TITLE	7 · ZIP		Change [ Addition
NAME		<b>L</b> ]	2 2 NAME			[] Shange [] Addition
STREET ADDRESS				ADDRESS		
CHY-ST-ZIP		P <sup>an</sup> F. D. C. C.	2.4 City - S	T-ZIP		
TITLE NAME		DELETE 3.1				Change C Addition
STREET ADDRESS			3.2 NAME 3.3. STREET	ATITIDE CC		
CITY-ST-ZIP			3.4 GITY - S			
TITLE	P. C.		4.1111¿E			Change Addition
NAME			4.2 NAME	E		
STREET ADDRESS				ADDRESS	300001835403 -05/22/9601104042 ***200.00 Change Addition	
CHY-ST-ZIP		DELETE	4.4 CITY - \$1 - 7 IP 5. 1 TITLE		-05/22/9601104-	042 Addition
NAME		· Parind	5.2 NAME		キキキといい。 ひひ	
STREET ADDRESS			5.3 STREET	ADDRESS	•	
CITY - ST - ZIP	·	5.4 01		I - Z(F		
TITLE NAME			6. 1 TITLE		☐ Change ☐ Addition	
STREET ADDRESS			6.2 NAME 6.3 STREET	ADOH) SS THUODY		72.1
CITY-ST-Z#			6.4 CITY - ST			· 6'
14. Ldo hereby	certify that the information suppl	lied with this filing is voluntarily furnis			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 its if changed, of on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.18.96
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