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 # P96000065884 (4)

SCOTT HOWARD CONSULTING, INC.

Principal Place of Business

1605 DEWEY STREET

Mailing Address

1805 DEWEY STREET HOLLYWOOD FL 33020-6110

FILED Jun 02 1997 8:00am Secretary of State



HOLLYWOOD FL 33020	HOLLYWOOD FL 33020-61	16		
			3. Date Incorporated or Qualified 08/07/1996	3a. Date of Last Report
2. Principal Piace of Business	2a. Mailing Address	VA 94	4. FEI Number	Applied For
21 1605 Dewey S Suite, Apt #, etc.	7(C) 26 (O) JP Suite, Apt. #, etc.	wey or	1 00-010411	Not Applicable
22	27 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 HOLWWOOD FLE	330 20 	1 FI -	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
7 _I D Country	Zip	Country	8. This corporation has liability for in	7,0000 10 1 000
24 3300U 25 U.S	(A, 2030a0	30 U.S.A.	Florida Statutes	Yes 🗶 No
	s of Current Registered Agent		10. Name and Address of New Reg	listered Agent
HOWARD, SCOTT		81 Name	toward. Scott	
1605 DEWEY STREET		82 Street Add	ress (P.O. Box Number is Not Acceptebl	<u>e</u>)
HOLLYWOOD FL 33020		B3 100) hewey street	
•		84 City	murry	FL 85 Zip Code C
11. Pursuant to the provisions of Section	ns 607.0502 and 607.1508, Florida Statut	tes, the above-named corr	poration submits this statement for the pu	rnose of changing its registered
 office or registered agent, or both, i 	in the State of Florida. Such change was a of the obligations of, Section 607.0505, Flo	authorized by the corporat	tion's board of directors. I hereby accep	t the appointment as registered
4	THE COOL TOO HOHOSE IT, COCCUPANTION OF THE	orida gialgiga.		
SIGNATURE Significate typed or printed name of	fregistered agent and title if applicable, (NOT	E. Flegistered Agent signature requir	red when reinstaling)	DATE
12. OFF	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
NAME Scott H	enand Precident	1,1 TITLE		Change Addition
	acord 1 th	1.2 NAME	,11	
STREET ADDRESS 1675	gway Stanon	1.3 STREET ADDRESS	NIA	
CHY-ST-ZIP HOLLY WOO	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	7//	Change Addition
NAME	brant	2.2 NAME		Change C Madition
STREET ADDRESS		2.3 STREET ADDRESS	•	
CHY-51-ZIF		2 4 CITY-ST-ZIP		
THLE	DELETE	3 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-S1-762		3.4. CITY-ST-ZIP		
TIFLE	[] DELETE	4.1 TITLE		Change Addition
NAME.		4. 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CHY-ST-ZIP THEF	DELETE	44 CiTY+SY-ZIP 51 TITLE	······································	Change Addition
NAME		52 NAME		Clouds C vocan
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		5.4 Crty+ST-ZIP		
Tiftf	DELETE	6.1 TITLE		Change Addition
NAM		62 NAME		
STREET ADORESS		6 3 STREET ADDRESS		
City: ST. ZIP		6 4 CITY-ST-ZIP		
14. I do hereby certify that the information information profice ted on this general	on supplied with this filing does not qualit report or supplemental annual report is to	fy for the exemption stated	in Section 119.07(3)(i), Florida Statutes	. I further certify that the
I am an officer or director of the cor	poration or the receiver or trustee empow	rered to execute this repor	t as required by Chapter 607, Florida St	atutes; and that my name ~ a
appears in Block 12 or Block 13 if c	changed, or on an attachment with an add	iress.		813-8-27