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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # **P97000024746**1. Corporation Name

SCOTIA COMMUNICATIONS, INC.

Principal Place of Business		Mailing Address			
200 SOUTH HAI	RBOR CITY BLVD.	200 SOUTH HARBOR CITY BLVD.			
PENTHOUSE		PENTHOUSE			DO NOT WRITE IN THIS SPACE
MELBOURNE FL 32901		MELBOURNE FL 32901			3. Date Incorporated or Qualified
					03/19/1997
					4. FEI Number Applied For
2. Principal Pl	ace of Business	2a. Mailing Address			59-3440668 Not Applicable
21		26			39-3440000   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22		27			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	0		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current year Intangible Personal Property Tax
24	25	29 30	<u>o}</u>		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
****	9. Name and Address of Current	Registered Agent	81	Ma	Name
GEVE	FORTH, MARK		*'	i ina	Name
	SOUTH HARBOR CITY BLVD.		82 Street Add		Street Address (P.O. Box Number is Not Acceptable)
	HOUSE		<u> </u>		
			83	·	
MELI	30URNE FL 32901		84	LCit	City 85 Zip Code
					FL
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-nar	named corporation submits this statement for the purpose of changing its registered
office or re agent. I a	egistered agent, or both, in the State o π familiar with, and accept the obligati	I Florida. Such change was autrons of, Section 607.0505, Florid	norized by la Statute:	/ the c s.	e corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ro	egistered Age	nt signa	ignature required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	SEYFORTH, MARK A		1.2 NAME		
STREET ADDRESS	200 SOUTH HARBOR CITY BLV	D.	1.3 STREE	T ADDF	DORESS
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-5	ST-ZIP	ZIP
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCMURRAY, CHARLES		2.2 NAME		<b>+</b>
	115 N. FRANKLIN BLVD.		2.3 STREE		222900
STREET ADDRESS	TALLAHASSEE FL 32301		2.4 CITY-		1 T 1
CITY-ST-ZIP	D	☐ DELETE	3.1 TITLE	31-2F	D XXChange Addition
TITLE			3.2 NAME		TAYLOR, ROSEMARY
NAME	TAYLOR, ROSEMARY				
STREET ADDRESS	1285 D CHENEY HWY		3.3 STREE		***
CITY-ST-ZIP	TITUSVILLE FL 32901		3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4,1 TITLE		
NAME			4. 2 NAME		RENO, FRANK T.
STREET ADDRESS			4.3 STREE	ET ADDF	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	MELBOURNE, FL 32901
TITLE		☐ DÉLETE	5.1 TITLE		. Change Addition
NAME			5.2 NAME		• [
STREET ADDRESS			5.3 STREE		
CITY-ST-ZIP	<u> </u>		5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	ET ADDF	DDRESS
CITY-ST-ZiP			6.4 CITY-	ST-ZIP	ŻIP

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 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, with all other like empowered.

SIGNATURE:

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90055 002 \*\*\*150.00