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

SIGNATURE:

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **POCUMENT # P97000057359 (6)** SCOTT A. GUZZI & ASSOCIATES, INC. Principal Place of Business Mailing Address 499 NW 70TH AVE SUITE 119 499 MW 20TH AVE SUITE 119 PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1284 29th AUE 1284 SW 26 Not Applicable Suite, 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 Beach Trust Fund Contribution 10m Pago Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33069 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GUZZI, SCOTT A Scott **499 NW 70TH AVE SUITE 119** 82 PLANTATION FL 33317 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and title diappe, and (NO11 Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE De Change TITLE 1.1 TITLE NAME **GUZZI, SCOTT A** 12 NAME 29th Avenue **499** NW 70TH AVE SUITE 119 STREET ADDRESS 1.3 STREET ADDRESS 33069 **PLANTATION FL 33317** Pompano Beach, CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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 argument of the corporation or the receiver of true each accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver of true each powered 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 in address. 5/26/08