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

PROFIT CORPORATION ANNUAL REPORT

1998



DOCUMENT # P97000087956 (3)

FLORIDA DEPARTMENT OF STATE

Sandra B. Morthayn

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 18 1998 8:00am Secretary of State

JACK SCOTT REALTY, INC.	
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Principal Place	of Durangon	Mailing Address			
ì '		Mailing Address	D 1887 640		
FLOLER BEAC	NSHORE BLVD. UNIT 313	3600 S OCEANSHORE BLY FLGLER BEACH FL 32136	/D. UNIT 313		
, zocen beno	1115 00.00	TEGELIT DEFIOR TE GETO		DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualified	
				10/10/1997	
2. Principal Pl	lace of Business	2a. Mailing Address	w	4. FEI Number Applied For	
21 // 0/7	7CITKON CTR	26 11017617	LOW CTK	59-3487517 Not Applicable	
Suite, Apt	#, e tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
Cilv & State	 	City & State		Fee Required	
23 JACL	Spulle EL	28 JAEKSONU	ille al	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Sower We TL 3 Country 25 Duvol	7ip	Country	This corporation owes or has paid the current year Inlangible	
24 3222	3 25 Dovol	29 32223	Country 30 DUVA	Personal Property Tax due June 30. Yes No	
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
SC	OTT, JOHN B		81 Name		
360	O S OCEANSHORE BLVD, UNIT	313	82 Street	Address (P.O. Box Number is Not Acceptable)	
FLG	BLER BEACH FL 32136				
			63		
)			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 Stignature: Special period many of registered and transfer of applicable (NOT): Registered Again's guidure required when reinstating) DATE DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELLIE	1.1 TOLE	Din scive Change Addition	
NAME	\$COTT, JOHN B		1.2 NAME	Scoli Jate B.	
STREET ADDRESS	3600 S OCEANSHORE BLVD,	UNIT 313	13 STHEET ADDRESS	JACKSONUI KO. FLBUNZ	
CITY-ST-ZIP	FLGLER BEACH FL 32136		1.4 CHY-ST-ZIP	JACKSONUIKO, FLBUNDS	
TATLE		DELETE	2.1 TITLE	Change Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$1≥ ZIP			2. 4 City-St-ZiP		
TITLE .		[] DELETE	3.1 TATLE		
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition	
NAME			4. 2 NAME	Change E Addition	
STREET ADDRESS			4.2 IVANIE 4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 City-St-7iP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DOTETE.	61 1IF(E	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	i	
CITY - ST - ZIP			6.4 CITY-S1-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 armust report or suppliemental armust report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the rucelyd 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 attacharent with in address

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