

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000092275 (1)**
1. Corporation Name

ISABELLA SCOTT, PA

Principal Place of Business

**20861 DEL LUNA DRIVE
BOCA RATON FL 33434**

Mailing Address

**20861 DEL LUNA DRIVE
BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1997

4. FEI Number

65-0795703

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No **OWES**

9. Name and Address of Current Registered Agent

**SCUTILLO, BARRY C
8000 NORTH UNIVERSITY DRIVE
FORT LAUDERDALE FL 33321**

10. Name and Address of New Registered Agent

AKIVE

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	SCOTT, ISABELLA	
STREET ADDRESS	20861 DEL LUNA DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600002587676
5.3 STREET ADDRESS	-07/14/98--01017--021
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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.

SIGNATURE

Isabella Scott

1.0 3/08 (5d) 451-0547

FILED
Jul 13 1998 8:00am
Secretary of State



CR2E034 (5/98)

Arvida Realty Sales, Ltd.
Licensed Real Estate Broker

Isabella Scott p.a., ccm, cips, orb, gri
Broker - Associate

July 3, 1998

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: 1998 Annual Report - Isabella Scott, PA - Doc # P97000092275

Dear Sirs,

This report was marked as 2nd Notice - I did not receive the Initial Report. Enclosed please find the required report and a check for \$150.00

Sincerely yours,



Isabella Scott
Isabella Scott, PA

1 W. Camino Real

Suite #203

Boca Raton, FL

33432-5966

Office: (561)750-3100

Fax: (561)393-3651

E-Mail: is@isabellascott.com

Internet : www.isabellascott.com

FLORIDA DEPARTMENT OF STATE



2ND NOTICE

1998 PROFIT CORPORATION ANNUAL REPORT PACKET

*** FILE NOW. FILING FEE IS \$550.00 ***

THE LAW MAKES NO PROVISION FOR ANY EXTENSION OF TIME FOR THE FILING OF THE CORPORATION ANNUAL REPORT OR FOR WAIVING THE REINSTATEMENT FEE.

IMPORTANT NOTICE: This will serve as your 60 days notice that your corporation will be administratively dissolved and an additional \$600 will be due if this annual report has not been properly filed and the appropriate fee paid by September 30, 1998. Your cancelled check will be your filing acknowledgement unless a certificate of status is requested and an additional \$8.75 is submitted to cover its fee ALL REPORTS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS WILL NOT BE FILED AND WILL BE RETURNED FOR CORRECTION(S). THE CORRECTED REPORT MUST BE RETURNED WITHIN 30 DAYS.

This notice is being given to all corporations that have not filed their 1998 annual report as of June 5, 1998. If you feel your report and this notice have crossed in the mail, you may call (850) 488-9000 to verify the filing. You may disregard this notice if the 1998 annual report has been filed.

DIVISION OF CORPORATIONS