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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800007214

1. Corporation Name

ABERDEEN SCOTT, INC.

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90162 032 \*\*\*150.00



Principal Place	e of Business	Ma	ailing Address						
581 LAVERS CIRCLE.#384			581 LAVERS CIRCLE.#384						
DELRAY BEACH FL 33444			DELRAY BEACH FL 33444				DO MOT MODIFE IN THIS	00405	
							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed 01/22/1998		}
2 Principal O	ace of Business	22	Mailing Address				4. FEI Number	App	lied For
2. Principal Place of Business			26				115-085/2249		Applicable
Suite, Apt.	# 010	26	Suite, Apt. #, etc.				05 000001	\$8.75 A	
	#, etc.		¬ ' ' '				5. Certifcate of Status Desired	Fee Red	
22		27	City & State				6. Election Campaign Financing	\$5.00	Litary Do
City & State	9		<b>–</b>				Trust Fund Contribution	Added to	
23	Country	28	Zip	Cou	intry	-	8. This corporation owes the current year In	····	
Zip			Cip	30			Personal Property Tax.		□No
24	9. Name and Address of Curre	29    29	tored Apont	30			10. Name and Address of New Registered		
	9. Name and Address of Curre	int Keyis	reieu Agein		81	Name	10. Haire and Hadroos er treat to grant a		
DUNLAP, KATIE E				,	, raino				
581 LAVERS CIRCLE,#384 DELRAY BEACH FL 33444					82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
					83				<del></del>
					84	City		85 Zip C	ode
					-		<u>Fl</u>	<b>-</b>     ` .	
11. Pursuant	to the provisions of Sections 607.05	502 and 6	07.1508, Florida Statut	es, the a	bove	e-named corpo	oration submits this statement for the purpose or on's board of directors. I hereby accept the appo	i changing its i intment as rec	registerea iistered
office or ri agent. I a	egistered agent, or both, in the State on familiar with, and accept the oblig	ations of,	, Section 607.0505, Flo	rida Stat	tutes	ine corporatio	, , , , , , , , , , , , , , , , , , ,		,
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (NOTE	: Registered	1 Agen	nt signature required	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS			13.	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TI	TLE			☐ Change	☐ Addition (
NAME	DUNLAP, KATIE E			1.2 N	AME				j
STREET ADDRESS	581 LAVERS CIRCLE,#384			13.57	TREET	TADDRESS			
	DELRAY BEACH FL 33444				TY-S				
CITY-ST-ZIP TITLE	DECITION OF IONIC			_		<del></del>			Addition
			I I DELETE	2.1	ITLE			Change	L. Addition
NAME			☐ DELETE		ITLE AME			Change	[_] Addison ]
			L_I DELETE	2.2 N/	AME	TADOBECC		Change	Addition
STREET ADDRESS			L_I DELETE	2.2 N/ 2.3 \$1	AME TREET	TADDRESS		Change	Addidon }
CITY-ST-ZIP				2.2 N/ 2.3 S1 2.4 C	AME TREET	T ADDRESS ST-ZIP			
			□ DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 T/	AME TREET CITY-S ITLE			☐ Change	Addition
CITY-ST-ZIP				2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/	AME TREET CITY-S ITLE LAME	ST-ZIP			
CITY-ST-ZIP				2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/	AME TREET CITY-S ITLE LAME				
CITY-ST-ZIP TITLE NAME			☐ DELETE	22 NJ 2.3 S <sup>2</sup> 2.4 C 3.1 TI 32 NJ 3.3 S <sup>2</sup> 3.4 C	AME TREET OTTY-S ITLE IAME TREET OTTY-S	ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				22 N/ 2.3 S <sup>2</sup> 2.4 C 3.1 TI 32 N/ 3.3 S <sup>2</sup>	AME TREET OTTY-S ITLE IAME TREET OTTY-S	ST-ZIP T ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	22 NJ 2.3 S <sup>2</sup> 2.4 C 3.1 TI 32 NJ 3.3 S <sup>2</sup> 3.4 C	AME TREET CITY-S ITLE LAME TREET CITY-S ITLE	ST-ZIP T ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	22 NJ 23 ST 2.4 CD 3.1 TI 32 NJ 33 ST 34. CD 4.1 TI 4.2 NJ	AME TREET CITY-S ITLE IAME TREET CITY-S ITLE VAME	ST-ZIP T ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	22 NV 23 S' 2.4 C 3.1 TI 32 NV 33 S' 34. C 4.1 TI 4.2 N 4.3 S'	AME TREET CITY-S ITLE IAME TREET CITY-S ITLE VAME	T ADDRESS T ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	22 NV 23 S' 2.4 C 3.1 TI 32 NV 33 S' 34. C 4.1 TI 4.2 N 4.3 S'	AME TREET	T ADDRESS T ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	22 N/ 23 S' 2.4 C 3.1 TI 32 N/ 33 S' 3.4 C 4.1 TI 4.2 N/ 4.3 S' 4.4 Cl	AME TREET CITY-S ITLE AME TREET TREET TREET TREET TREET TREET TREET TREET	T ADDRESS T ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME			☐ DELETE	22 NV 23 ST 2.4 C 3.1 TI 32 NV 33 ST 34. C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV	TREET CITY-S TREE TREET	T ADDRESS T ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	22 NV 23 ST 2.4 C 3.1 TI 32 NV 33 ST 34. C 4.1 TI 4.2 NV 43 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST	TREET CITY-S TREE TREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS		☐ Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	22 NV 23 S' 2.4 C 3.1 TI 32 NV 33 S' 34. C 4.1 TI 4.2 N 43 S' 4.4 CI 5.1 TI 5.2 NV 5.3 S' 5.4 CI	AME TREET CITY-S ITLE AME TREET TREET TREET TITLE TITLE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS		☐ Change	Addition Addition

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.

6.4 CITY-ST-ZIP

STREET ADDRESS