

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90286 023 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000026496

1. Corporation Name

JON SCOTT DESIGNS & ASSOCIATES, INC



Principal Place of Business

8801 BOCA GLADES BLVD. #C
BOCA RATON FL 33434

Mailing Address

8801 BOCA GLADES BLVD. #C
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21. 8601 Boca Glades Blvd		26. 8601 Boca Glades Blvd		03/19/1998		65-082-1981		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
23. Boca Raton FL		28. Boca Raton FL		6. Election Campaign Financing - Trust Fund Contribution		5.00 May Be Added to Fees			
24. 33434		29. 33434		30. Boca Raton FL		8. This corporation owes the current year intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
BENAIM, ELY 8801 BOCA GLADES BLVD. #C BOCA RATON FL 33434					81. Name J. Scott Smith 82. Street Address (P.O. Box Number is Not Acceptable) 8601 Boca Glades Blvd West 83. Suite C 84. City Boca Raton FL 85. Zip Code 33434				

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 reappointing)

05/10/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	J. Scott Smith	1.2 NAME	J. Scott Smith
STREET ADDRESS	8601 Boca Glades Blvd W. Ste. C	1.3 STREET ADDRESS	8601 Boca Glades Blvd W. Ste. C
CITY-ST-ZIP	Boca Raton FL 33434	1.4 CITY-ST-ZIP	Boca Raton FL 33434
TITLE		2.1 TITLE	S
NAME		2.2 NAME	Timothy Mullin
STREET ADDRESS		2.3 STREET ADDRESS	8601 Boca Glades Blvd W. Ste. C
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton FL 33434
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/99
Date(561) 451-4339
Daytime Phone #

CR2E034 (1/198)