PROFIT . . .
CORPORATION
ANNUAL REPORT
1999 Amended

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 28 AM 11:43

DOCUMENT # P98000087117

1. Corporation Name
Scart Corporation

Principal Place of Business	Mailing Address
1416 N. Fern Creek Ave. Orlando, FL 32803	P.O. Box 533479 Orlando, FL 32853-3479

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: Oct. 9, 1998

2. Principal Place of Business 21 1416 N. Fern Creek Suite, Apt. #, etc. 22 Orlando, FL City & State 23 FL Zip 24 32803 Country 25 USA	2a. Mailing Address 26 P.O. Box 533479 Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32853-3479 Country USA

4. FEI Number — ☑ 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 the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Patrick Horan
600 Starkey Road
Largo, FL 33771

10. Name and Address of New Registered Agent

81 Name: Linda Rae Brice
82 Street Address (P.O. Box Number is Not Acceptable): 1416 N. Fern Creek Ave.
83
84 City: Orlando, FL 85 Zip Code: 32803

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: Linda Rae Brice — Linda Rae Brice (V. Pres.) — 7/19/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	11 TITLE	Director-Vice President ☐ Change ☒ Addition
NAME	Patrick Horan ☒ DELETE	12 NAME	Linda Rae Brice
STREET ADDRESS	600 Starkey Road	13 STREET ADDRESS	1416 N. Fern Creek Ave.
CITY-ST-ZIP	Largo, FL 33771	14 CITY-ST-ZIP	Orlando, FL 32803
TITLE	Registered Agent	21 TITLE	Registered Agent ☐ Change ☒ Addition
NAME	☒ DELETE	22 NAME	Linda Rae Brice
STREET ADDRESS	Patrick Horan 600 Starkey Road	23 STREET ADDRESS	1416 N. Fern Creek Ave.
CITY-ST-ZIP	Largo, FL 33771	24 CITY-ST-ZIP	Orlando, FL 32803
TITLE	Director-President	31 TITLE	Director ☐ Change ☒ Addition
NAME	☐ DELETE	32 NAME	Rick Nash
STREET ADDRESS	James K. Blake 1416 N. Fern Creek Ave.	33 STREET ADDRESS	6279 South Port Drive
CITY-ST-ZIP	Orlando, FL 3	34 CITY-ST-ZIP	Flowery Branch, GA 30542-5350
TITLE	☐ DELETE	41 TITLE	☐ Addition
NAME		42 NAME	100002919891--7
STREET ADDRESS		43 STREET ADDRESS	-06/30/99--01074--004
CITY-ST-ZIP		44 CITY-ST-ZIP	*****35.00 *****35.00
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	100002919891--7
STREET ADDRESS		53 STREET ADDRESS	-08/06/99--01085--003
CITY-ST-ZIP		54 CITY-ST-ZIP	*****26.25 *****26.25
TITLE	☐ DELETE	61 TITLE	$98/4 hange ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: Linda Rae Brice Linda Rae Brice 7/19/99 407-898-7512