

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S22043 (1)

1. Corporation Name

SCOTT LAURENT GALLERIES, INC.

Principal Place of Business

348 PARK AVE. N.
WINTER PARK FL 32789
US

Mailing Address

HUGH MACBETH
2815 S. ATLANTIC AVE. #102
COCOA BEACH FL 32931-2122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/28/1990

3a. Date of Last Report

06/24/1994

4. FEI Number

65-0243033

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MACBETH, HUGH
2815 S. ATLANTIC AVE. #102
COCOA BEACH FL 32931-2122

10. Name and Address of New Registered Agent

81. Name

Bruce Alles

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

348 PARK AVE N.

83.

WINTER PARK,

84. City

FL

85. Zip Code

32789

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

Bruce Alles

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

(NOTE: Registered Agent signature required when registering)

DATE

8-3-95

12. OFFICERS AND DIRECTORS

TITLE

PDC

NAME

MACBETH, HUGH

STREET ADDRESS

2815 S. ATLANTIC AVE. #102

CITY - ST - ZIP

COCOA BEACH FL 32931-2122

TITLE

ST

NAME

MACBETH, HUGH

STREET ADDRESS

2815 S. ATLANTIC AVE #102

CITY - ST - ZIP

COCOA BEACH FL 32931-2122

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PDC

1.2 NAME

Alles, Bruce

1.3 STREET ADDRESS

348 PARK AVE N.

1.4 CITY - ST - ZIP

WINTER PARK, FL 32789

2.1 TITLE

ST

2.2 NAME

MACBETH, LAURENT

2.3 STREET ADDRESS

348 PARK AVE N.

2.4 CITY - ST - ZIP

WINTER PARK, FL 32789

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #