FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44322** **(3)**

1. Corporation Name

SCOTTSDALE INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
135 PEPPER LANE JENSEN BEACH FL 34957	P.O. BOX 548 JENSEN BEACH FL 34958-0548 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1991	3a. Date of Last Report: 04/01/1994
4. FEI Number: 65-0255712	☐ 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
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 C/O HAZEN MGMT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1025 W. EVERETT ROAD
City & State 23	City & State 28 LAKE FOREST, IL
Zip 24 / Country 25	Zip 29 60045 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARLTON, ANDREW B. 135 PEPPER LANE JENSEN BEACH FL 34957	81 Name: WILLIAM H. McESSY 82 Street Address (P.O. Box Number is Not Acceptable): 3061 S.E. SAILFISH POINT BLVD. # 211 83 84 City: Stuart FL 85 Zip Code: 33494

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: ✓ William H. McEssy DATE

Signature, typed or printed name of registered agent & date that agent signs. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	CARLTON, ANDREW B.	1.2 NAME	
STREET ADDRESS	P.O. BOX 548 N/A	1.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	JENSEN BEACH FL 34958-0548	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	PST ☒ Change ☐ Addition
NAME	MCESSY, WILLIAM H.	2.2 NAME	
STREET ADDRESS	P.O. BOX 548 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34958-0548	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: ✓ William H. McEssy 4/13/95 708-234-3427

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0444087 PP