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**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V31005 (4)**

1. Corporation Name
SCOTT GODOY, INC.



Principal Place of Business: **3900 NE 18TH AVENUE #1803 POMPANO BEACH FL 33064**

Mailing Address: **3900 NE 18TH AVENUE #1803 POMPANO BEACH FL 33064-9212**

3. Date Incorporated or Qualified: **04/21/1982**

3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **4221 NE 24 AVE**

2a. Mailing Address: **4221 NE 24 AVE**

22. Suite, Apt. #, etc.: **---**

27. Suite, Apt. #, etc.: **---**

23. City & State: **LIGHTHOUSE PT., FL.**

28. City & State: **LIGHTHOUSE PT., FL.**

24. Zip: **33064**

25. Country: **BROWARD**

29. Zip: **33064**

30. Country: **BROWARD**

4. FEI Number: **65-0333256**

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

**GODOY, SCOTT
3900 NE 18TH AVENUE #1803
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81. Name: **GODOY, SCOTT**

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

83. **4221 NE 24 AVE**

84. City: **LIGHTHOUSE POINT** FL 85. Zip Code: **33064**

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]* DATE: **4/15/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **P** DELETE

NAME: **GODOY, SCOTT**

STREET ADDRESS: **3900 NE 18 AVE #1803**

CITY-ST-ZIP: **POMPANO BEACH FL 33064**

TITLE: DELETE

NAME: **---**

STREET ADDRESS: **---**

CITY-ST-ZIP: **---**

TITLE: DELETE

NAME: **---**

STREET ADDRESS: **---**

CITY-ST-ZIP: **---**

TITLE: DELETE

NAME: **---**

STREET ADDRESS: **---**

CITY-ST-ZIP: **---**

TITLE: DELETE

NAME: **---**

STREET ADDRESS: **---**

CITY-ST-ZIP: **---**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE: **GODOY, SCOTT**

1.2 NAME: **GODOY, SCOTT**

1.3 STREET ADDRESS: **4221 NE 24 AVE**

1.4 CITY-ST-ZIP: **LIGHTHOUSE POINT, FL. 33064**

2.1 TITLE: Change Addition

2.2 NAME: **---**

2.3 STREET ADDRESS: **---**

2.4 CITY-ST-ZIP: **---**

3.1 TITLE: Change Addition

3.2 NAME: **---**

3.3 STREET ADDRESS: **---**

3.4 CITY-ST-ZIP: **---**

4.1 TITLE: Change Addition

4.2 NAME: **---**

4.3 STREET ADDRESS: **---**

4.4 CITY-ST-ZIP: **---**

5.1 TITLE: Change Addition

5.2 NAME: **---**

5.3 STREET ADDRESS: **---**

5.4 CITY-ST-ZIP: **---**

6.1 TITLE: Change Addition

6.2 NAME: **---**

6.3 STREET ADDRESS: **---**

6.4 CITY-ST-ZIP: **---**

14. I do 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.

SIGNATURE: *[Signature]* DATE: **4/15/97** DAYTIME PHONE #: **954-946-0728**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (9/96)