

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 #1603 LIGHTHOUSE PT FL 33064 US	Mailing Address 4221 NE 24TH AVE #1603 LIGHTHOUSE PT FL 33064 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4221 NE 24 AVE Suite, Apt. #, etc.		2a. Mailing Address 26 4221 NE 24 AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/21/1992	
22 City & State 23 LIGHTHOUSE PT. FL.		27 City & State 28 LIGHTHOUSE PT. FL.		4. FEI Number 65-0333256 Applied For <input type="checkbox"/> Not Applicable	
24 33064 Country 25 U.S.A.		29 33064 Country 30 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent
GODOY, SCOTT
4221 NE 24TH AVE
~~#1603~~
LIGHTHOUSE PT FL 33064

10. Name and Address of New Registered Agent
 81 Name
GODOY SCOTT
 82 Street Address (P.O. Box Number is Not Acceptable)
4221 NE 24 AVE
 83
 84 City
LIGHTHOUSE PT. FL. 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 **4/22/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	P		
NAME	GODOY, SCOTT		
STREET ADDRESS	4221 NE 24TH AVE		
CITY-ST-ZIP	LIGHTHOUSE PT FL		
TITLE			
NAME			
STREET ADDRESS			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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 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]*

CR2E034 (10/97)