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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90144 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # V36380**

1. Corporation Name  
**SCOLO CORPORATION**

Principal Place of Business  
23701 SW 170TH AVE.  
MIAMI FL 33031  
US

Mailing Address  
P.O. BOX 970505  
MIAMI FL 33197  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINELLI, FRAN**  
23701 SW 170 AE  
MIAMI FL 33031

81 Name **Fran Martinelli**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8420 N.W. S.R. 45**

84 City **High Springs**

FL

85 Zip Code  
**32643**

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

*Sharonne Marshall* *Fran Martinelli*

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/26/99*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PST MARTINELLI, FRAN**  
STREET ADDRESS **23701 SW 170TH AVE**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **PST Fran Martinelli**  
1.3 STREET ADDRESS **8420 N.W. SR 45**  
1.4 CITY-ST-ZIP **High Springs, FL. 32643**

TITLE ☐ DELETE  
NAME **D MARTINELLI, FRAN**  
STREET ADDRESS **23701 SW 170TH AVE**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **D Fran Martinelli**  
2.3 STREET ADDRESS **8420 N.W. S.R. 45**  
2.4 CITY-ST-ZIP **High Springs, FL. 32643**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

*Sharonne Marshall*

*1/26/99*

*904-454-2778*

CR2E034 (11/98)