Applied For Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90111 028 \*\*\*150.00

DOCL	<b>JMENT</b>	# \/Z	18723

FT. LAUDERDALE FL 33334

DOCUMENT # V4872  1. Corporation Name BEN A. SCOTT, C.I.C., INC.	23					
Principal Place of Business	Mailing Address					
840 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334  840 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334			DO NOT WRITE IN THIS SPACE			
			3. Date incorporated or Qualifed 07/08/1992			
2. Principal Place of Business	2a. Mailing Address	0-01.0	4. FEI Number	Applied For		
21 6100 W. Atlantic Bl	vd 26 6100 W. Atlant	ne blud	65-0343488	Not Applicat		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State  23 Maraste FL	City & State Margate	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 33063 25 BROWN	Zip Coun	ROWARD.	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent				
SCOTT, BEN A. 840 E. OAKLAND PARK BLVD.			ONALD BRADLEY SR uss (P.O. Box Number is Not Acceptable)			

							<del></del>	
office or re	to the provisions of Sections 607.0502 and 607.15 egistered agent, or both, in the State of Florida. Su m familiar with, and accept the obligations of, Secti	ch change was auth	ionzed by the corbo	corporation submits to oration's board of dire	nis statement for the ctors. I hereby accep	purpose of char t the appointme	nging its re ent as regi	egistered stered
agent. rai	- 1/1/1× 50	RONALD	h ROAD	LEY SR.		1-12	-99	
SIGNATURE	Signature, typed or pointed name a registered agent and title if applica		gistered Agent signature n			DATE		
12.	OFFICERS AND DIRECTOR	(	13.		S/CHANGES TO OF	FICERS AND D	RECTOR	S IN 12
TITLE	DP	M DELETE				<u></u>	Change	- Addition
NAME	SCOTT, BEN A.	<i>y</i>	1.2 NAME	DP BRADLEY, 540 SW BOCA D BRADLEY, 540 SW BOCA	RONALD D	5R.		•
STREET ADDRESS	840 E. OAKLAND PARK BLVD		1.3 STREET ADDRESS	540 SW	15 51	_		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	BOCA	RATON, FZ	33432		
TITLE	ST	X DELETE	2.1 TITLE	D	•		Change	Addition
NAME	SCOTT, PATRICIA L	,	2.2 NAME	BRADLEY,	CYNTHIA,	<i>/</i> <b>+</b> .		
STREET ADDRESS	840 E. OAKLAND PARK BLVD. #110		2.3 STREET ADDRESS	540 SW	15 37			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		2.4 CITY-ST-ZIP	BOCA	RATION, FL	33 <i>43</i> 2	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					!
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3 4. CITY-ST-ZIP					
TITLE		☐ DELETÉ	41 TITLE				Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP				<b>.</b>	
TITLE		☐ DELETE	5.1 TITLE		•	٠⊔	Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP		. <u> </u>	5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS		,	6.3 STREET ADDRESS					
CITY, 6T-7IP			64 CITY-ST-ZIP				i	

City

BOCA Raton

14. 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 Slock 12 or Block 13 if changed, or on an adaptinent with an address, with all other like empowered.

SIGNATURE: