

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

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

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **V48723**

1. Corporation Name  
**BEN A. SCOTT, C.I.C., INC.**



Principal Place of Business: 840 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334  
 Mailing Address: 840 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/08/1992**

4. FEI Number: **65-0343488**

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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: **6100 W. Atlantic Blvd**  
 Suite, Apt. #, etc.: **1**  
 City & State: **Margate FL**  
 Zip: **33063** Country: **BROWARD**

2a. Mailing Address: **6100 W. Atlantic Blvd**  
 Suite, Apt. #, etc.: **#1**  
 City & State: **Margate FL**  
 Zip: **33063** Country: **BROWARD**

9. Name and Address of Current Registered Agent: **SCOTT, BEN A. 840 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent:

81 Name	<b>RONALD BRADLEY SR</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>540 SW 15 ST</b>
83	
84 City	<b>BOCA RATON FL</b>
85 Zip Code	<b>33432</b>

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: **RONALD D. BRADLEY SR.** DATE: **1-13-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCOTT, BEN A.</b>	1.2 NAME	<b>BRADLEY, RONALD D. - SR.</b>
STREET ADDRESS	<b>840 E. OAKLAND PARK BLVD</b>	1.3 STREET ADDRESS	<b>540 SW 15 ST</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCOTT, PATRICIA L</b>	2.2 NAME	<b>BRADLEY, CYNTHIA A.</b>
STREET ADDRESS	<b>840 E. OAKLAND PARK BLVD. #110</b>	2.3 STREET ADDRESS	<b>540 SW 15 ST</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **RONALD D. BRADLEY SR.** DATE: **1-13-99** DAYTIME PHONE: **954-977-4500**

CR2E034 (1/98)