

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **326177** (3)

1. Corporation Name  
**THE SCOTTSDALE CO.**



Principal Place of Business  
**4200 GULFSHORE BLVD. NORTH  
NAPLES FL 33940**

Mailing Address  
**4200 GULFSHORE BLVD. NORTH  
NAPLES FL 33940**

21. Principal Place of Business		2a. Mailing Address	
22. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
23. City & State		27. City & State	
24. Zip	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified <b>02/08/1968</b>	3a. Date of Last Report <b>03/30/1995</b>
4. FET Number <b>36-2495903</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CATALANO, ANTHONY J  
4001 TAMiami TRAIL N  
SUITE 404  
NAPLES FL 33940-5702**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1528, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUTGERT, R L	
STREET ADDRESS	4200 GULFSHORE BLVD. NO.	
CITY-STATE-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUTGERT, S F	
STREET ADDRESS	4200 GULFSHORE BLVD. N.	
CITY-STATE-ZIP	NAPLES FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BAKER, R J	
STREET ADDRESS	4200 GULF SHORE BLVD N	
CITY-STATE-ZIP	NAPLES FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	GUTMAN, H.B.	
STREET ADDRESS	4200 GULFSHORE BLV N.	
CITY-STATE-ZIP	NAPLES FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JOHNSTON, GARY	
STREET ADDRESS	4200 GULFSHORE BLVD N.	
CITY-STATE-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied herein has voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this 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 its 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 from the information furnished with a check.

SIGNATURE: HOWARD B. GUTMAN 3-22-96 (941) 261-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)