

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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90038 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 326177

1. Corporation Name
 THE SCOTTSDALE CO.

Principal Place of Business
 4200 GULF SHORE BLVD. NORTH
 NAPLES FL 34103
 US

Mailing Address
 4200 GULF SHORE BLVD. NORTH
 NAPLES FL 34103
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 02/08/1968

4. FEI Number
 36-2495903

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CATALANO, ANTHONY J
 4001 TAMiami TRAIL N
 SUITE 404
 NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: 4/6/99 (941) 261-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)