

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000000526 (2)

1. Corporation Name
SCA SUCCESSOR II, INC.



Principal Place of Business Mailing Address
SUITE 500, PARK CHARLES BLDG. SUITE 500, PARK CHARLES BLDG.
218 N. CHARLES ST. 218 N. CHARLES ST.
BALTIMORE MD 21201 BALTIMORE MD 21201

3. Date Incorporated or Qualified 01/31/1995 3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEE Number 52-1910458	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip Country	29	Zip Country	30	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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	C
NAME	CARLSON, GARRETT G	1.2 NAME	CARLSON, GARRETT G
STREET ADDRESS	1117 MARQUETTE AVE., STE. 200	1.3 STREET ADDRESS	4501 TAMiami TRAIL NORTH, STE. 216
CITY-ST-ZIP	MINNEAPOLIS MN 55403	1.4 CITY-ST-ZIP	NAPLES, FL 33940
TITLE	DPT	2.1 TITLE	
NAME	JOSEPH, MARK K	2.2 NAME	
STREET ADDRESS	218 N CHARLES ST, STE 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21201	2.4 CITY-ST-ZIP	
TITLE	DVM	3.1 TITLE	
NAME	HOBBS, THOMAS R	3.2 NAME	
STREET ADDRESS	218 N CHARLES ST, STE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21201	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HILLMAN, ROBERT S	4.2 NAME	
STREET ADDRESS	SUITE 1400, 7 ST. PAUL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21202	4.4 CITY-ST-ZIP	
TITLE	SV	5.1 TITLE	
NAME	DUKER, MARILYNN K	5.2 NAME	
STREET ADDRESS	218 N CHARLES ST, STE 500	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21201	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Thomas R. Hobbs* Thomas R. Hobbs 2/26/96 410-962-0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)