# 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 # **326177** **(3)**

1. Corporation Name

**THE SCOTTSDALE CO.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4200 GULFSHORE BLVD. NORTH<br>NAPLES FL 33940 | 4200 GULFSHORE BLVD. NORTH<br>NAPLES FL 33940 |

3. Date Incorporated or Qualified: **02/08/1968**
3a. Date of Last Report: **03/30/1995**

4. FEI Number: **36-2495903** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip: 24 Country: 25 | Zip: 29 Country: 30 |

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 **FL** 85 Zip Code

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 | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | LUTGERT,R L | | 12 NAME | |
| STREET ADDRESS | 4200 GULFSHORE BLVD. NO. | | 13 STREET ADDRESS | |
| CITY, ST, ZIP | NAPLES FL | | 14 CITY, ST, ZIP | |
| TITLE | VD | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | LUTGERT,S F | | 22 NAME | |
| STREET ADDRESS | 4200 GULFSHORE BLVD. N. | | 23 STREET ADDRESS | |
| CITY, ST, ZIP | NAPLES FL | | 24 CITY, ST, ZIP | |
| TITLE | VSD | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | BAKER, R.J | | 32 NAME | |
| STREET ADDRESS | 4200 GULF SHORE BLVD N | | 33 STREET ADDRESS | |
| CITY, ST, ZIP | NAPLES FL | | 34 CITY, ST, ZIP | |
| TITLE | TV | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | GUTMAN, H.B. | | 42 NAME | |
| STREET ADDRESS | 4200 GULFSHORE BLV N. | | 43 STREET ADDRESS | |
| CITY, ST, ZIP | NAPLES FL | | 44 CITY, ST, ZIP | |
| TITLE | AS | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | JOHNSTON, GARY | | 52 NAME | |
| STREET ADDRESS | 4200 GULFSHORE BLVD N. | | 53 STREET ADDRESS | |
| CITY, ST, ZIP | NAPLES FL | | 54 CITY, ST, ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY, ST, ZIP | | | 64 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I also certify that the information indicated on this report or supplemental report complies with the 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 added by amendment, with an address.

**SIGNATURE:** _____ HOWARD B. GUTMAN 3-22-96 (941) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE #

CR2E034 (12/95)