

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 9:14

DOCUMENT # 326177 (3)

1. Corporation Name
THE SCOTTSDALE CO.

Principal Place of Business Mailing Address
4200 GULF SHORE BLVD. NORTH 4200 GULF SHORE BLVD. NORTH
NAPLES FL 33940 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/08/1968 3a. Date of Last Report 04/06/1994

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 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 607.1508, 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

(Signature of person or persons authorized to register agent and take Florida State

(NOTE: Registered Agent signature required when renewing)

(DATE)

12. OFFICERS AND DIRECTORS

1.1 TITLE PD
1.2 NAME LUTGERT, R L
1.3 STREET ADDRESS 4200 GULF SHORE BLVD. NO.
1.4 CITY, ST, ZIP NAPLES FL

2.1 TITLE VD
2.2 NAME LUTGERT, S F
2.3 STREET ADDRESS 4200 GULF SHORE BLVD. N.
2.4 CITY, ST, ZIP NAPLES FL

3.1 TITLE VSD
3.2 NAME BAKER, R J
3.3 STREET ADDRESS 4200 GULF SHORE BLVD N
3.4 CITY, ST, ZIP NAPLES FL

4.1 TITLE TV
4.2 NAME GUTMAN, H.B.
4.3 STREET ADDRESS 4200 GULF SHORE BLV N.
4.4 CITY, ST, ZIP NAPLES FL

5.1 TITLE AS
5.2 NAME JOHNSTON, GARY
5.3 STREET ADDRESS 4200 GULF SHORE BLVD N.
5.4 CITY, ST, ZIP NAPLES FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied in this report is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

HOWARD B. GUTMAN

3/27/95

(813) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

(Date)

Telephone Number