

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

FILED

Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **326177** (3)
1. Corporation Name
THE SCOTTSDALE CO.

Principal Place of Business 4200 GULFSHORE BLVD. NORTH NAPLES FL 34103 US	Mailing Address 4200 GULFSHORE BLVD. NORTH NAPLES FL 33940
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/08/1968	
25		30		4. FEI Number 36-2495903	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 34103				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			
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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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUTGERT, R L			1.2 NAME			
STREET ADDRESS	4200 GULFSHORE BLVD. NO.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUTGERT, S F			2.2 NAME			
STREET ADDRESS	4200 GULFSHORE BLVD. N.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAKER, R J			3.2 NAME			
STREET ADDRESS	4200 GULF SHORE BLVD N			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	TV	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTMAN, H.B.			4.2 NAME			
STREET ADDRESS	4200 GULFSHORE BLV N.			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSTON, GARY			5.2 NAME			
STREET ADDRESS	4200 GULFSHORE BLVD N.			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:

HOWARD B. GUTMAN

3/23/98

(941) 261-6100

CR2E034 (10/97)