

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 851711 (2)
1. Corporation Name
SCUTTI ENTERPRISES, INC.



Principal Place of Business 1000 Hylan Drive Rochester NY 14623 US	Mailing Address P.O. BOX 92220 ROCHESTER NY 14692-0220 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1982		3a. Date of Last Report 04/30/1996	
21		26		4. FEI Number 16-0927903		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCUTTI, FEDELE V 3000 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33308				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			

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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	SCUTTI, FEDELE V.	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		SCUTTI, FEDELE V.		1.2 NAME			
STREET ADDRESS		1000 Hylan Drive		1.3 STREET ADDRESS	14623		
CITY-ST-ZIP		ROCHESTER NY		1.4 CITY-ST-ZIP			
TITLE	ST	SCUTTI, FEDELE V.	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		SCUTTI, FEDELE V.		2.2 NAME			
STREET ADDRESS		1000 Hylan Drive		2.3 STREET ADDRESS	14623		
CITY-ST-ZIP		ROCHESTER NY		2.4 CITY-ST-ZIP			
TITLE	V	LEVEY, SHERMAN F.	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		LEVEY, SHERMAN F.		3.2 NAME			
STREET ADDRESS		130 EAST MAIN STREET		3.3 STREET ADDRESS	14604		
CITY-ST-ZIP		ROCHESTER NY		3.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 do 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 as changed, or on an attachment with an address.

SIGNATURE: _____ 4/17/97 (716) 424-1000

CR2E034 (9/96)