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FILED

**Feb 25 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F94000006611 (7)

1. Corporation Name
2140 SCT CORPORATION



Principal Place of Business

Mailing Address

**800 NEWPORT CTR. DR., STE. 300
NEWPORT BEACH CA 92680**

**800 NEWPORT CTR. DR., STE. 300
NEWPORT BEACH CA 92680-6315**

3. Date Incorporated or Qualified

12/22/1994

3a. Date of Last Report

04/12/1996

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

4. FEI Number

33-0641961

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

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, 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 **DP** DELETE
NAME **NEILL, MICHAEL R**
STREET ADDRESS **800 NEWPORT CTR. DR., STE. 300**
CITY-ST-ZIP **NEWPORT BEACH CA 92680**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** DELETE
NAME **MCWALTERS, JAMES G**
STREET ADDRESS **800 NEWPORT CTR. DR., STE. 300**
CITY-ST-ZIP **NEWPORT BEACH CA 92680**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DVST** DELETE
NAME **SULLIVAN, LAWRENCE K**
STREET ADDRESS **800 NEWPORT CTR. DR., STE. 300**
CITY-ST-ZIP **NEWPORT BEACH CA 92680**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **V** DELETE
NAME **BOWER, RONALD L**
STREET ADDRESS **800 NEWPORT CTR. DR., STE. 300**
CITY-ST-ZIP **NEWPORT BEACH CA 92680**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VP** DELETE
NAME **HUBBS, DAVID K**
STREET ADDRESS **800 NEWPORT CENTER DRIVE #300**
CITY-ST-ZIP **NEWPORT BEACH CA 92680**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **AS** DELETE
NAME **SULLIVAN, GLORIA S**
STREET ADDRESS **800 NEWPORT CTR. DR., STE. 300**
CITY-ST-ZIP **NEWPORT BEACH CA 92680**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Neill January 10, 1997 (714) 7215000

Date Daytime Phone #

CR2E034 (9/96)