

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0119820

PROFIT CORPORATION ANNUAL REPORT 1998



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
**800 NEWPORT CTR. DR., STE. 300
 NEWPORT BEACH CA 92660**

Mailing Address
**800 NEWPORT CTR. DR., STE. 300
 NEWPORT BEACH CA 92660**

DO NOT WRITE IN THIS SPACE

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

**NATIONSCORP REGISTERED AGENTS, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301**

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, 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 92660**

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 92660**

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 92660**

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 92660**

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 92660**

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

TITLE **AS** [X] DELETE
 NAME **SULLIVAN, GLORIA S**
 STREET ADDRESS **800 NEWPORT CTR. DR., STE. 300**
 CITY-ST-ZIP **NEWPORT BEACH CA 92660**

6.1 TITLE **AS** [X] Change [] Addition
 6.2 NAME **Lerch, Jeffrey W.**
 6.3 STREET ADDRESS **800 Newport Ctr. Dr., Ste. 300**
 6.4 CITY-ST-ZIP **Newport Beach, CA 92660**

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: *Lawrence K. Sullivan*

Lawrence K. Sullivan

7/13/98 (949) 721-5000

CR2E034 (5/98)