

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006694 (1)**

1. Corporation Name
LULING/SCC, INC.



Principal Place of Business 3050 NORTH HORSESHOE DR., STE. 260 NAPLES FL 33942	Mailing Address 3050 NORTH HORSESHOE DR., STE. 260 NAPLES FL 34104-7910
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 72-1293486	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____
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	NAME	DELET	1.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DP	SINGLETON, GARY W	<input checked="" type="checkbox"/>	1.2 NAME	Deborah A. Lau	
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 260		1.3 STREET ADDRESS	Same	
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP		
TITLE	NAME	DELET	2.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DS	KRYSTOPOWICZ, WILLIAM J	<input type="checkbox"/>	2.2 NAME	John L. Silverman	
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 260		2.3 STREET ADDRESS	Same	
CITY-ST-ZIP	NAPLES FL 33942		2.4 CITY-ST-ZIP		
TITLE	NAME	DELET	3.1 TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DV	FATER, DAVID H	<input checked="" type="checkbox"/>	3.2 NAME	Executive Vice President William J. Krystopowicz	
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 260		3.3 STREET ADDRESS	Same	
CITY-ST-ZIP	NAPLES FL 33942		3.4 CITY-ST-ZIP		
TITLE	NAME	DELET	4.1 TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T	TRYBUS, TIMOTHY	<input type="checkbox"/>	4.2 NAME	Director Michael S. Blass	
STREET ADDRESS	3050 NORTH HORSESHOE DR., STE. 260		4.3 STREET ADDRESS	Same	
CITY-ST-ZIP	NAPLES FL 33942		4.4 CITY-ST-ZIP		
TITLE	NAME	DELET	5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	NAME	DELET	6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/>	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 if changed, or on an attachment with an address.

SIGNATURE: Timothy Trybus **REQUIRED** 5/1/97
Signature typed or printed name of signing officer or director Date Daytime Phone # 0006386

CR2E034 (9/96)