

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90157 019 \*\*\*317.50

DOCUMENT # P92000015247

1. Corporation Name

SCC OF NAPLES, INC.



Principal Place of Business

5551 RIDGEWOOD DRIVE  
SUITE 203  
NAPLES FL 33963

Mailing Address

5551 RIDGEWOOD DRIVE  
SUITE 203  
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1992

4. FEI Number

65-0376119

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

- Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25 34108

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 34108

30

9. Name and Address of Current Registered Agent

ATHAN, G H  
5551 RIDGEWOOD DRIVE  
STE #501  
NAPLES FL 34108

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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CORACE, RICHARD F	
STREET ADDRESS	% 5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GRIFFIN, GERALD F	
STREET ADDRESS	% 5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVTS	<input checked="" type="checkbox"/> DELETE
NAME	SHARPE, KEITH A	
STREET ADDRESS	% 5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCARDLE, DAVID A	
STREET ADDRESS	311 KAUTZ ROAD	
CITY-ST-ZIP	ST CHARLES IL 60174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCARDLE, EDWARD J	
STREET ADDRESS	311 KAUTZ ROAD	
CITY-ST-ZIP	ST CHARLES IL 60174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEPLEY, RICHARD B	
STREET ADDRESS	244 SPRING LINE DRIVE	
CITY-ST-ZIP	NAPLES FL 33940	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sharpe, Keith A.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Corace, Richard F.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)

0458289