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Mar 18 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 # P94000087708 (1)

1. Corporation Name:
SCC CONSULTING, INC.



Principal Place of Business

5051 CASTELLO DRIVE
SUITE 220
NAPLES FL 33940

Mailing Address

5051 CASTELLO DRIVE
SUITE 220
NAPLES FL 34103-8986

3. Date Incorporated or Qualified
12/02/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 600 5th Ave. So.

Suite, Apt. #, etc.

22 # 214

City & State

23 Naples, FL

Zip

24 34102

Country

25 USA

2a. Mailing Address

26 600 5th Ave. So.

Suite, Apt. #, etc.

27 # 214

City & State

28 Naples, FL

Zip

29 34102

Country

30 USA

4. FEI Number
65-0547894

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

FRITSCH, HELMUT
5051 CASTELLO DRIVE
SUITE 220
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

Fritsch, Helmut

82 Street Address (P.O. Box Number is Not Acceptable)

600 5th Ave. So.

83

214

84 City

Naples

FL

85 Zip Code

34102

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 required for printed name of the registered agent and, if applicable, the corporation's board of directors)

(NOTE: Registered Agent signature required when reinstating)

3/14/97

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE PSD ☐ DELETE

NAME FRITSCH, HELMUT
STREET ADDRESS 452 WILLETTE AVENUE
CITY-ST-ZIP NAPLES FL 33983

11.2 TITLE VPTD ☐ DELETE

NAME FRITSCH, KERSTIN
STREET ADDRESS 452 WILLETTE AVENUE
CITY-ST-ZIP NAPLES FL 33983

11.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE PSD ☒ Change ☐ Addition

NAME Fritsch Helmut
STREET ADDRESS 3277 Gordon Dr.
CITY-ST-ZIP Naples, FL 34102

13.2 TITLE VPTD ☒ Change ☐ Addition

NAME Fritsch Kirsten
STREET ADDRESS 3277 Gordon Dr.
CITY-ST-ZIP Naples, FL 34102

13.3 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13.4 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13.6 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13.7 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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 included 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

Helmut Fritsch, President

Date

941-435-9045

Daytime Phone #

0411206

CR2E034 (9/96)