

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 6:12**

**DOCUMENT # J42642 (5)**

1. Corporation Name

**ST. LUCIE COUNTY INVESTMENT CORP.**

Principal Place of Business

Mailing Address

% DEAN VEGOSEN  
500 SOUTH AUSTRALIAN AVE  
W. PALM BEACH FL 33401

% DEAN VEGOSEN  
500 SOUTH AUSTRALIAN AVE  
W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/18/1986**  
3a. Date of Last Report **02/15/1994**

2. Principal Place of Business  
21 **5211 INTERNATIONAL DRIVE**  
22 Suite, Apt. #, etc.

2a. Mailing Address  
27 **5211 INTERNATIONAL DRIVE**  
28 Suite, Apt. #, etc.

4. FEI Number **59-2755148**  
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

23 **ORLANDO, FL**

28 **ORLANDO, FL**

24 **32819** 25 **USA**

29 **32819** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VEGOSEN, DEAN**  
**500 S AUSTRALIAN AVE**  
**WEST PALM BEACH FL 33402**

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 of Registered Agent (Required) Applied For  Not Applicable

Signature of Registered Agent (Required) Applied For  Not Applicable

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PDT</b>
NAME	<b>ESTEIN, LOTHAR</b>
STREET ADDRESS	<b>89 QUEENS RD.</b>
CITY, ST, ZIP	<b>FT. PIERCE FL</b>
TITLE	<b>VPD</b>
NAME	<b>LUX, WALTER</b>
STREET ADDRESS	<b>114 QUEEN CHRISTINA CT.</b>
CITY, ST, ZIP	<b>FT. PIERCE FL</b>
TITLE	<b>VPS</b>
NAME	<b>PROUSE, WALTER</b>
STREET ADDRESS	<b>115 QUEEN CHRISTINA CT.</b>
CITY, ST, ZIP	<b>FT. PIERCE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST, ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY, ST, ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY, ST, ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY, ST, ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY, ST, ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am responsible for the completion thereof in accordance with the provisions of Chapter 199.031, 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. But I am available or a director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199.032, Florida Statutes, and that my name appears on Block 12 or Block 13 if I am not, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**Lothar Estein**

03/17/95

407-354-3307