

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

FILED

**Jan 31 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 # P96000036337 (9)

1. Corporation Name
ST. LUCIE ESTATE BROKERS, INC.



Principal Place of Business: **7634 S U.S. HWY ONE PORT ST LUCIE FL 34952**
Mailing Address: **7634 S U.S. HWY ONE PORT ST LUCIE FL 34952-2320**

3. Date Incorporated or Qualified: **04/26/1996**
3a. Date of Last Report

2. Principal Place of Business: **7634 South US 1**
2a. Mailing Address: **7634 South US 1**

4. FEI Number: **65-0660710**
Applied For: Not Applicable

22. Suite, Apt #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **Port St. Lucie, FL**
28. City & State: **Port St. Lucie, FL**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

24. Zip: **34952** Country: **USA**
29. Zip: **34952** Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**LETSCH, CARL R
7634 S U.S. HWY ONE
PORT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent:
81 Name: **Donna Letsch**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **7634 S. US 1**
84 City: **Port St. Lucie** FL 85 Zip Code: **34952**

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: *Donna Letsch*
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	STD	<input type="checkbox"/> DELETE
NAME	LETSCH, CARL R	
STREET ADDRESS	7634 S U.S. HWY ONE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LETSCH, DONNA	
STREET ADDRESS	7634 S U.S. HWY ONE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LETSCH, JAMES A	
STREET ADDRESS	7634 S U.S. HWY ONE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
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 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: *Donna Letsch* **Donna Letsch** 1-22-97 561-340-1585
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)