

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

FILED

**Mar 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000011128 (0)
1. Corporation Name
ST. CROIX DEVELOPMENT CORPORATION



Principal Place of Business: **8405 N.W. 66TH STREET MIAMI FL 33166**
Mailing Address: **8405 N.W. 66TH STREET MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1997	
21		26		4. FEI Number 65-0726542	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARRIS, MICHAEL D 712 U.S. HIGHWAY ONE SUITE 400 NORTH PALM BEACH FL 33408				81 Name	MICHAEL I. REIS		
				82 Street Address (P.O. Box Number is Not Acceptable)	8405 NW 66 STREET		
				83			
				84 City	MIAMI	85 State	FL

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: *Michael I. Reis* **MICHAEL I. REIS** **JAN. 6, 1998**
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	PDST	<input type="checkbox"/> DELETE		1.1 TITLE	PDST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HYMAN I. ASH			1.2 NAME	HYMAN I. ASH		
STREET ADDRESS	P.O. BOX 9902			1.3 STREET ADDRESS	P.O. BOX 9902		
CITY-ST-ZIP	KINGSTON ST. CROIX VI 00850			1.4 CITY-ST-ZIP	KINGSTON ST. CROIX VI 00850		
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> DELETE		2.1 TITLE	MICHAEL I. REIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MICHAEL I. REIS			2.2 NAME	MICHAEL I. REIS		
STREET ADDRESS	8405 NW 66 STREET			2.3 STREET ADDRESS	8405 NW 66 STREET		
CITY-ST-ZIP	MIAMI FL 33166-2630			2.4 CITY-ST-ZIP	MIAMI, FL 33166-2630		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *Hyman I. Ash* **Hyman I. Ash** **1/6/98** **(347) 72-5511**

CFR2E034 (10/97)