

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

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002495 (7)

1. Corporation Name

ST. LUCIE WEST HOLDING CORP.

Principal Place of Business

Mailing Address

MORGENS, WATERFALL, VINTIADIS & CO., INC.
10 E 50TH ST 26TH FLR
NY NY 10022

MORGENS, WATERFALL, VINTIADIS & CO., INC.
10 E 50TH ST 26TH FLR
NY NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1996

4. FEI Number

13-3889521

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1740 SW St. Lucie West Blvd

Suite, Apt. #, etc.

22 City & State

23 Port St. Lucie, FL

24 Zip

34986

25 Country

USA

2a. Mailing Address

26 1740 SW St. Lucie West Blvd

Suite, Apt. #, etc.

27 City & State

28 Port St. Lucie, FL

29 Zip

34986

30 Country

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Hegener, Paul J.

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

1740 SW St. Lucie West Blvd.

83

84 City

Port St. Lucie

FL

85 Zip Code

34986

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, to 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 agree to the provisions 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

4/30/98

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DPT
LEVINSON, DANIEL M
10 E 50TH ST 26TH FLR
NY NY 10022

2.1 TITLE ☒ DELETE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DS
ERICSON, DAVID A
10 E 50TH ST 26TH FLR
NY NY 10022

3.1 TITLE ☒ DELETE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
VINTIADIS, POLYMOIS C
10 E 50TH ST 26TH FLR
NY NY 10022

4.1 TITLE ☐ DELETE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
Levan, Alan
1750 East Sunrise Blvd.
Ft. Lauderdale, FL 33304

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D/C
Abdo, John E.
1350 Northeast 56th Street
Ft. Lauderdale, FL 33334

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
Abdo, Frank J.
1350 Northeast 56th Street
Ft. Lauderdale, FL 33334

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D/P
Hegener, Paul J.
1740 SW St. Lucie West Blvd.
Port St. Lucie, FL 34986

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
D/V
Babcock, Thomas A.
1740 SW St. Lucie West Blvd.
Port St. Lucie, FL 34986

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
V/T/D
Anderson, James H.
1740 SW St. Lucie West Blvd.
Port St. Lucie, FL 34986

(see attached)

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, as changed, on my application with an address.

SIGNATURE:

James H. Anderson

4/30/98

561-340-3500

CR2E034 (10/97)