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May 01 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 # F96000002496 (5)

1. Corporation Name
ST. LUCIE WEST DEVELOPMENT CORP.

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

Mailing Address
MORGENS, WATERFALL, VINTIADIS & CO., INC.
10 E 50TH ST 26TH FLR
NY NY 10022-6835



3. Date Incorporated or Qualified 05/17/1996	3a. Date of Last Report
4. FEI Number 13-3889774	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	Director Only
NAME	LEVINSON, DANIEL M	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10 E 50TH ST 26TH FLR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY 10022	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	Director Only
NAME	ERICSON, DAVID A	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10 E 50TH ST 26TH FLR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY 10022	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINTIADIS, POLYVIOS C	3.2 NAME	
STREET ADDRESS	10 E 50TH ST 26TH FLR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY 10022	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	President
NAME		4.2 NAME	Hegener, Paul J.
STREET ADDRESS		4.3 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE		5.1 TITLE	Vice President
NAME		5.2 NAME	Babcock, Thomas A.
STREET ADDRESS		5.3 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE		6.1 TITLE	Vice President / Secretary
NAME		6.2 NAME	Anderson, James H. / Dike, Ernie R.
STREET ADDRESS		6.3 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Port St. Lucie, FL 34986

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.

David A. Ericson Vice President

CR2E034 (9/96)