

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 B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002496 (5)

1. Corporation Name

ST. LUCIE WEST DEVELOPMENT CORP.

Principal Place of Business

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

Mailing Address

WAMORGENS. 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

13-3889774

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

Zip

Country

24 34986

25 USA

2a. Mailing Address

26 1740 SW St. Lucie West Blvd

Suite, Apt. #, etc.

27 City & State

28 Port St. Lucie, FL

Zip

Country

29 34986

30 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. I am familiar with the obligations 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

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NY NY

1.2 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NY NY

1.3 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NY NY 10022

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PORT ST LUCIE FL

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PORT ST LUCIE FL

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PORT ST LUCIE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

Levan, Alan

1750 East Sunrise Blvd.

Ft. Lauderdale, FL 33304

D/C

Abdo, John E.

1350 Northeast 56th Street

Ft. Lauderdale, FL 33334

D

Abdo, Frank J.

1350 Northeast 56th Street

Ft. Lauderdale, FL 33334

D/P

Hegener, Paul J.

1740 SW St. Lucie West Blvd.

Port St. Lucie, FL 34986

D/VP

Babcock, Thomas A.

1740 SW St. Lucie West Blvd.

Port St. Lucie, FL 34986

V/T/D

Anderson, James H.

1740 SW St. Lucie West Blvd.

Port St. Lucie, FL 34986

☐ Change ☒ Addition

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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 attached form with an address.

SIGNATURE:

James H. Anderson

4/30/98

561-340-3500

CR2E034 (10/97)