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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 # F96000002516 (0)

1. Corporation Name

LAKE CHARLES DEVELOPMENT CORP.

Principal Place of Business

C O MORGENS.WATERFALL.VINTIADIS % CO. INC.  
10 E. 50TH STREET, 26TH FLOOR  
NEW YORK NY 10022

Mailing Address

C O MORGENS.WATERFALL.VINTIADIS % CO. INC.  
10 E. 50TH STREET, 26TH FLOOR  
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number

APPLIED FOR 13-3890796

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

24 34986

Country

25 USA

2a. Mailing Address

26 1740 SW St. Lucie West Blvd.

Suite, Apt. #, etc.

27

City & State

28 Port St. Lucie, FL

Zip

29 34986

Country

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, 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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/98

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME LEVINSON, DANIEL M  
STREET ADDRESS 10 E. 50TH ST., 26TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10022

TITLE D ☒ DELETE

NAME ERICSON, DAVID A  
STREET ADDRESS 10 E. 50TH ST., 26TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10022

TITLE D ☒ DELETE

NAME VINTIADIS, POLYMIOS C  
STREET ADDRESS 10 E. 50TH ST. 26TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10022

TITLE P ☐ DELETE

NAME HEGENER, PAUL J  
STREET ADDRESS 500 N.W. PEACOCK BLVD. SUITE 3  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE VP ☐ DELETE

NAME BADCOCK, THOMAS A  
STREET ADDRESS 500 N.W. PEACOCK BLVD. SUITE 3  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE VP ☐ DELETE

NAME ANDERSON, JAMES H  
STREET ADDRESS 500 N.W. PEACOCK BLVD. SUITE 3  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

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

2.1 TITLE D/C ☐ Change ☒ Addition

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

3.1 TITLE D ☐ Change ☒ Addition

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

4.1 TITLE D/P ☒ Change ☐ Addition

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

5.1 TITLE D/VP ☒ Change ☐ Addition

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

6.1 TITLE V/T/D ☒ Change ☐ Addition

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

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

James H. Anderson

4/30/98

561-340-3500

CR2E034 (10/97)