

**TH FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G24306 (4)**

1. Corporation Name  
**ST. LUCIE RIVER MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
**% DONALD W. CARSON  
316 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

3. Date Incorporated or Qualified <b>02/15/1983</b>	3a. Date of Last Report <b>04/10/1995</b>
4. FEI Number <b>59-2268074</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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 Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**CARSON, DONALD W.  
316 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

**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 of principal, trustee or registered agent and the date applied for

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VAS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, DONALD W	1.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PL	1.3 STREET ADDRESS	
CITY- ST- ZIP	PALM BCH. FL	1.4 CITY- ST- ZIP	
TITLE	DPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO	2.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	2.3 STREET ADDRESS	
CITY- ST- ZIP	PALM BCH FL	2.4 CITY- ST- ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, JOSE	3.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	3.3 STREET ADDRESS	
CITY- ST- ZIP	PLAM BCH FL	3.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL BUSTO, JORGE	4.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	4.3 STREET ADDRESS	
CITY- ST- ZIP	PALM BCH FL	4.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DAVID	5.2 NAME	
STREET ADDRESS	321 ROYAL POINCIANA PLZ	5.3 STREET ADDRESS	
CITY- ST- ZIP	PALM BCH FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96  
Date

407-655-6303  
Daytime Phone #

CR2E034 (12/95)