

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

FILED
Apr 27 1998 8:00am
Secretary of State

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 | % DONALD W. CARSON 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 |

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 02/15/1983 | 59-2268074 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 Country | 29 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | |

| | | | |
|-----------------------------------------------------------------------|--|-------------------------------------------------------|-------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| CARSON, DONALD W. 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 | | 81 Name | 85 Zip Code |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| | | 83 | |
| | | 84 City | |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | VAS <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARSON, DONALD W | 12 NAME | |
| STREET ADDRESS | 316 ROYAL POINCIANA PL | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. FL | 14 CITY-ST-ZIP | 33480 |
| TITLE | DPS <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FANJUL, ALFONSO | 22 NAME | |
| STREET ADDRESS | 316 ROYAL POINCIANA PLZ | 23 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH FL | 24 CITY-ST-ZIP | 33480 |
| TITLE | DVT <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FANJUL, JOSE | 32 NAME | |
| STREET ADDRESS | 316 ROYAL POINCIANA PLZ | 33 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH FL | 34 CITY-ST-ZIP | 33480 |
| TITLE | AS <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEL BUSTO, JORGE | 42 NAME | |
| STREET ADDRESS | 316 ROYAL POINCIANA PLZ | 43 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH FL | 44 CITY-ST-ZIP | 33480 |
| TITLE | AS <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAKER, DAVID | 52 NAME | |
| STREET ADDRESS | 321 ROYAL POINCIANA PLZ | 53 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH FL | 54 CITY-ST-ZIP | 33480 |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | 00002501240 |
| STREET ADDRESS | | 63 STREET ADDRESS | -04/27/98-01072-010 |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | ***150.00 |

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 *Donald W. Carson Sr.* Vice President 3/1/98 561-655-6303

CR2E034 (10/97)