

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 # J09386 (0)  
1. Corporation Name  
ST. LUCIE WEST UTILITIES, INC.

Principal Place of Business 580 NW PEACOCK BLVD SUITE 3 PORT ST. LUCIE FL 34986	Mailing Address 580 NW PEACOCK BLVD SUITE 3 PORT ST. LUCIE FL 34986
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1740 SW St. Lucie West Blvd Suite, Apt. #, etc. 22 City & State 23 Port St. Lucie, FL 24 Zip 34986 25 Country USA		2a. Mailing Address 26 1740 SW St. Lucie West Blvd Suite, Apt. #, etc. 27 City & State 28 Port St. Lucie, FL 29 Zip 34986 30 Country USA		3. Date Incorporated or Qualified 04/15/1986	
		4. FEI Number 43-1438940		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HEGENER, PAUL J 580 NW PEACOCK BLVD SUITE 3 PORT ST. LUCIE FL 34986				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			
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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 title if applicable

  
(NOTE: Registered Agent signature required when reinstating)

4/30/98  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAUL J. HEGENER		1.2 NAME	Hegener, Paul J.			
STREET ADDRESS	580 NW PEACOCK BOULEVARD #3		1.3 STREET ADDRESS	1740 SW St. Lucie West Blvd.			
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP	Port St. Lucie, FL 34986			
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMES ANDERSON		2.2 NAME	Anderson, James H.			
STREET ADDRESS	580 NW PEACOCK BLVD #3		2.3 STREET ADDRESS	1740 SW St. Lucie West Blvd.			
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	Port St. Lucie, FL 34986			
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DIKE, ERNEST R., JR.		3.2 NAME	Gilbert, Glen R.			
STREET ADDRESS	580 NW PEACOCK BLVD #3		3.3 STREET ADDRESS	1750 East Sunrise Blvd.			
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304			
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BABCOCK, THOMAS A		4.2 NAME	Babcock, Thomas A.			
STREET ADDRESS	580 NW PEACOCK BLVD., SUITE 3		4.3 STREET ADDRESS	1740 SW St. Lucie West Blvd.			
CITY-ST-ZIP	PORT ST LUCIE FL		4.4 CITY-ST-ZIP	Port St. Lucie, FL 34986			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LEVINSON, DANIEL M		5.2 NAME	Levan, Alan			
STREET ADDRESS	10 E 50TH ST., 26TH FLOOR		5.3 STREET ADDRESS	1750 East Sunrise Blvd.			
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ERICSON, DAVID AVINTIA P		6.2 NAME	Abdo, John E.			
STREET ADDRESS	10 E 50TH ST., 26TH FLOOR		6.3 STREET ADDRESS	1350 Northeast 56th Street			
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33334 (see attached)			

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 sheet with an address.

SIGNATURE:   
James H. Anderson

4/30/98 561-340-3500

CR2E034 (10/97)