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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J26610 (2)

1. Corporation Name

ST. LUCIE WEST REALTY, INC.



Principal Place of Business

590 NW PEACOCK BLVD #3  
PORT ST LUCIE FL 34986

Mailing Address

590 NW PEACOCK BLVD #3  
PORT ST LUCIE FL 34986

3. Date Incorporated or Qualified

07/23/1986

3a. Date of Last Report

05/01/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEGENER, PAUL J  
590 N.W. PEACOCK BLVD  
SUITE 3  
PORT ST LUCIE FL 34986

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0532 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS  
NAME BABCOCK, THOMAS A  
STREET ADDRESS 590 NW PEACOCK BLVD # 3  
CITY-ST-ZIP PORT ST LUCIE FL 34986

1.1 TITLE DVST  
1.2 NAME Anderson, James J Jr.  
1.3 STREET ADDRESS 590 NW Peacock Blvd #3  
1.4 CITY-ST-ZIP Port St. Lucie, FL 34986

TITLE DT  
NAME JAMES, ANDERSON J JR  
STREET ADDRESS 590 NW PEACOCK BLVD #3  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DV  
NAME SWART, JOHN S  
STREET ADDRESS 590 NW PEACOCK BLVD #3  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD  
NAME HEGENER, PAUL J  
STREET ADDRESS 590 NW PEACOCK BLVD #3  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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

Date

Daytime Phone #

CR2E034 (12/95)

4/26/96 407-340-3500