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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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 34986-2213

3. Date Incorporated or Qualified: 07/23/1986
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0155399 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 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) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVST	☐ DELETE	1.1 TITLE	Vice President Only	☑ Change ☐ Addition
NAME	ANDERSON, JAMES J JR.		1.2 NAME		
STREET ADDRESS	590 NW PEACOCK BLVD # 3		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY-ST-ZIP		
TITLE	DT	☑ DELETE	2.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	JAMES, ANDERSON J JR		2.2 NAME	Dike, Ernie R.	
STREET ADDRESS	590 NW PEACOCK BLVD #3		2.3 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		2.4 CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE	PD	☐ DELETE	3.1 TITLE	President Only	☑ Change ☐ Addition
NAME	HEGENER, PAUL J		3.2 NAME		
STREET ADDRESS	590 NW PEACOCK BLVD #3		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Vice President	☐ Change ☑ Addition
NAME			4.2 NAME	Babcock, Thomas A.	
STREET ADDRESS			4.3 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Port St. Lucie, FL 34986	
TITLE		☐ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME			5.2 NAME	Levinson, Daniel M.	
STREET ADDRESS			5.3 STREET ADDRESS	10 E 50th Street 26th Floor	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	New York, NY 10022	
TITLE		☐ DELETE	6.1 TITLE	Directors	☐ Change ☑ Addition
NAME			6.2 NAME	Ericson, David A. / Vintiadis, Polyvois C.	
STREET ADDRESS			6.3 STREET ADDRESS	10 E 50th Street 26th Floor	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	New Yor, NY 10022	

CR2E034 (9/96)

14. I do 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, V.P. 4/22/97 561-340-3500