

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

FILED
Jan 30 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 # **J33747** (3)
1. Corporation Name
ST. ANDREWS-NORTH, INC.

Principal Place of Business
**6983 N WICKHAM ROAD
MELBOURNE FL 32940
US**

Mailing Address
**60 CUTTER MILL ROAD
SUITE 212
GREAT NECK NY 11021**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6765 N. WICKHAM RD		2a. Mailing Address 26 6765 N. WICKHAM RD		3. Date Incorporated or Qualified 09/18/1986	
Suite, Apt. #, etc. 22 SUITE # C-106		Suite, Apt. #, etc. 27 SUITE # C-106		4. FEI Number 13-3373865	
City & State 23 MELBOURNE FL		City & State 28 MELBOURNE FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32940		Zip 29 32940		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		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 GOLDEN TRIANGLE REALTY INC 6765 NORTH WICKHAM ROAD SUITE #C-106 MELBOURNE FL 32940				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 FL	

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 DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCHESO, JOSEPH J.		1.2 NAME	
STREET ADDRESS 6767 NORTH WICKHAM ROAD - SUITE 400		1.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 32940		1.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDING, HARRIET		2.2 NAME	
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212		2.3 STREET ADDRESS	
CITY-ST-ZIP GREAT NECK NY		2.4 CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVY, JERROLD, G.		3.2 NAME	
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212		3.3 STREET ADDRESS	
CITY-ST-ZIP GREAT NECK NY		3.4 CITY-ST-ZIP	
TITLE J	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JARDINE, JEFFREY P		4.2 NAME	
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212		4.3 STREET ADDRESS	
CITY-ST-ZIP GREAT NECK NY 12021		4.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STANZIONE, BARBARA T		5.2 NAME	
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212		5.3 STREET ADDRESS	
CITY-ST-ZIP GREAT NECK NY 12021		5.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHLOSSBERG, MORTON J		6.2 NAME	
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212		6.3 STREET ADDRESS	
CITY-ST-ZIP GREAT NECK NY 12021		6.4 CITY-ST-ZIP	

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 _____

CR2E034 (10/97)