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FILED
Jun 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L 13122**
1. Corporation Name

ST Lucie WEST TRAVEL

Principal Place of Business

Mailing Address

**675 S.E HIDDEN RIVER DR
PORT ST LUCIE FL 34983**

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 675 HIDDEN RV DR

26 675 HIDDEN RV DR

4. FEI Number 65-0196399

Applied For

Not Applicable

22 PORT ST LUCIE 1

27 PORT ST LUCIE FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 FL

28 PORT ST LUCIE FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 34983

Country

25 US

29 34983

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**675 HIDDEN RIVER DR
PORT ST LUCIE FL 34983**

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 **Grace Cataldo**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when re-stating)

4-4-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☐ DELETE
NAME **GRACE CATALDO**
STREET ADDRESS **675 HIDDEN RIVER DR**
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **ANTONINO CATALDO** ☐ DELETE
NAME **ANTONINO CATALDO**
STREET ADDRESS **675 HIDDEN RV DR**
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

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

TITLE **SECRETARY & TREASURER** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

400002209254

-06/11/97--01103--038

*****165.00**

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:

Grace Cataldo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-97

**561
878-6209**

CR2E034 (9/96)