


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

FILED
Jan 27, 1999 8:00am
Secretary of State

UC204810

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

01-27-1999 90047 036 ****150.00

DOCUMENT # L79841

1. Corporation Name
FIRST ST. LUCIE ASSOCIATES, INC.



Principal Place of Business C/O DAVID B. ZUGMAN 4875 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308	Mailing Address C/O DAVID B. ZUGMAN 4875 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	06/11/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
23		28		65-0198972	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/>	
24		30		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29		30		\$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZUGMAN, DAVID B. C/O HOCH, FREY & ZUGMAN 4875 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33308				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACH, DAVID			1.2 NAME			
STREET ADDRESS	2400 S OCEAN DR, CAPSTAN 1-126			1.3 STREET ADDRESS			
CITY-ST-ZIP	HUTCHINSON IFL FL 34949			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOCH, JOEL			2.2 NAME			
STREET ADDRESS	4003 N.W. 23RD CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUGMAN, DAVID B.			3.2 NAME			
STREET ADDRESS	4875 NORTH FEDERAL HWY.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE David B. Zugman DATE 1/11/99 DAYTIME PHONE # 954-351-9000

CR2E034 (11/98)