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Feb 25 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 # **P93000070388 (2)**

1. Corporation Name
ST. JOE CENTER, INC.

Principal Place of Business
**76-36 265TH STREET
NEW HYDE PARK NY 11040**

Mailing Address
**76-36 265TH STREET
NEW HYDE PARK NY 11040**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1993	
21		26		4. FEI Number 59-3210159	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

**SAPIENZA, STEPHEN P
300 N. STATE STREET
BUNNELL FL 32110**

10. Name and Address of New Registered Agent

81	Name	RONALD J. SZYMANSKI, SR.	
82	Street Address (P.O. Box Number is Not Acceptable)	10 MT. VERNON LANE	
83			
84	City	FL	85 Zip Code 32164

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ronald J. Szymanski, Sr.* **RONALD J. SZYMANSKI, SR. PRES 2-19-98** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SZYMANSKI, SR. R	1.2 NAME	RONALD J. SZYMANSKI, SR.
STREET ADDRESS	172 WILLOW AVENUE	1.3 STREET ADDRESS	10 MT. VERNON LANE
CITY-ST-ZIP	HACKENSACK NY	1.4 CITY-ST-ZIP	PALM COAST, FLORIDA 32164
TITLE	VPS	2.1 TITLE	
NAME	DATT, KRISHAN	2.2 NAME	
STREET ADDRESS	76-36 265TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11040	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *K. B. Datt* **K. B. DATT** **2/14/98** **75-470-9735**

CR2E034 (10/97)