

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000091206 (0)**

1. Corporation Name
ST. LUCIE GENERAL, INC.



Principal Place of Business
**1733 W. FLETCHER AVENUE
TAMPA FL 33612
US**

Mailing Address
**1733 W. FLETCHER AVENUE
TAMPA FL 33612
US**

3. Date Incorporated or Qualified **12/15/1994** 3a. Date of Last Report **04/25/1995**

4. FEI Number **59-3287761** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WYCKOFF, MICHAEL D
802 11TH ST. WEST
BRADENTON FL 34205**

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 607.1506, 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, if applicable

Signature: typed Agent signature, if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSYD	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, LEONARD	
STREET ADDRESS	1733 W. FLETCHER AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	RICHARD LEVIN	
13 STREET ADDRESS	7646 N. LOCKWOOD RIDGE ROAD	
14 CITY-ST-ZIP	SARASOTA, FL 34243	
21 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SUZANNE LEVIN RICE	
23 STREET ADDRESS	1733 FLETCHER AVENUE	
24 CITY-ST-ZIP	TAMPA, FL 33612	
31 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	STEVEN LEVIN	
33 STREET ADDRESS	P.O. BOX 93-6260	
34 CITY-ST-ZIP	MARGATE, FL 33093-6260	
41 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	JILL LEVIN	
43 STREET ADDRESS	P.O. BOX 11229	
44 CITY-ST-ZIP	KNOXVILLE, TN 37939	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	400001841704	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-05/28/96--01068--028	
63 STREET ADDRESS	***3200.00	
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 or Block 14 or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Jill Levin 4/23/96

DATE: 4/23/96

[Signature]

CR2E034 (12/95)