

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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33612-1820 US |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/15/1994 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | |
|-------------------------|-------------------------|
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. Zip Country | 29. Zip Country |

| | |
|--|--|
| 4. FEI Number 59-3287761 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**WYCKOFF, MICHAEL D
802 11TH ST. WEST
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name CLIFFORD L. WALTERS |
| 82 Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST |
| 83 |
| 84 City BRADENTON FL 85 Zip Code 34205 |

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]* DATE **1/28/97**

12. OFFICERS AND DIRECTORS

| | | | |
|--|--------------------------------|--|---|
| TITLE PO <input checked="" type="checkbox"/> DELETE | NAME LEVIN, RICHARD | STREET ADDRESS 7646 N. LOCKWOOD RIDGE ROAD | CITY-ST-ZIP SARASOTA FL 34243 |
| TITLE VSD <input checked="" type="checkbox"/> DELETE | NAME RICE, SUZANNE L | STREET ADDRESS 1733 W. FLETCHER AVENUE | CITY-ST-ZIP TAMPA FL 33612 |
| TITLE VSD <input checked="" type="checkbox"/> DELETE | NAME LEVIN, STEVEN | STREET ADDRESS P.O. BOX 93-6260 N/A | CITY-ST-ZIP MARGATE FL 33093-6260 |
| TITLE T <input checked="" type="checkbox"/> DELETE | NAME LEVIN, JILL | STREET ADDRESS P.O. BOX 11229 N/A | CITY-ST-ZIP KNOXVILLE TN 37939 |
| TITLE <input type="checkbox"/> DELETE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | NAME | STREET ADDRESS | CITY-ST-ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|---|
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME |
| 1.3 STREET ADDRESS |
| 1.4 CITY-ST-ZIP |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME |
| 2.3 STREET ADDRESS |
| 2.4 CITY-ST-ZIP |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME |
| 3.3 STREET ADDRESS |
| 3.4 CITY-ST-ZIP |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME |
| 4.3 STREET ADDRESS |
| 4.4 CITY-ST-ZIP |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME |
| 5.3 STREET ADDRESS |
| 5.4 CITY-ST-ZIP |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME |
| 6.3 STREET ADDRESS |
| 6.4 CITY-ST-ZIP |

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*****3135.00 ***165.00**

[Signature]

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 1, Block 12, if a change, or on an attachment with an address.

CR2E034 (9/96)