

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90014 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000091206
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 21301 Powerline Rd Suite, Apt. #, etc. Suite 312 City & State BOCA RATON, FL Zip 33433 Country USA	2a. Mailing Address 26 5410 Homberg Dr. Suite, Apt. #, etc. Suite A City & State Knoxville, TN Zip 37919 Country USA
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3. Date Incorporated or Qualified 12/15/1994	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
WALTERS, CLIFFORD L
 802 11TH STREET WEST
 BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVIN, RICHARD	
STREET ADDRESS	1733 WEST FLETCHER AVENUE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RICE, SUZANNE L	
STREET ADDRESS	1733 W. FLETCHER AVENUE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LEVIN, STEVEN	
STREET ADDRESS	21301 POWERLINE ROAD SUITE #312	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Levin, Jill
4.3 STREET ADDRESS	5410 Homberg Drive Suite A
4.4 CITY-ST-ZIP	Knoxville, TN 37919
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	

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: [Signature] DATE: 4/15/99 (483) 584-4175
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)